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ABSTRACT

Reported are proceedings and results from a special study institute (1973) related to development of a leadership training program for educators of crippled and other health impaired-multiply handicapped (COHI-MH) persons. Noted are contributions of two previous conferences (in 1970 and 1971). Presented are reports of five task forces on the following topics: the process of social change (including trends in higher education and issues affecting COHI-MH); a working definition of COHI-MH; teacher education for COHI-MH; community agency involvement; and suggestions for implementation of the leadership training program. Five prepared papers on the right to education, the impact of the changing social scene, continuing education and the leadership training institute in learning disabilities are included. Listed are major conclusions of the conferees such as the need for special educators to influence responses to social and cultural changes and the need for continuous review and evaluation of COHI-MH teacher education. Appended are tentative goals and corresponding competencies to be obtained by prospective COHI-MH teachers (in areas such as management of physical and medical problems), a list of institute participants, and the schedule of institute activities. (LS)

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Leadership Preparation

for Educators of
Crippled and Other Health Impaired-
Multiply Handicapped Populations

Report of a Special Study Institute*
Tappan Zee Inn
Nyack, New York
March 28-31, 1973

Frances P. Connor
Michael J. Cohen
Editors

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The National Advisory Committee, working throughout the year which preceded the Tappan Zee Special Study Institute, served as task force organizers and leaders. Especially appreciated was their outstanding work in formulating the ideas and writing the position papers which were presented by them at Tappan Zee. Their ability to accept the diverse viewpoints reflected in the Institute's multidisciplinary membership, their willingness to listen and in many instances to make compromises in order to make this document more reflective of the changing society, was truly appropriate to their role as the national representatives of leaders in the field.

Institute participants had an unusual opportunity for preconference input into the task force papers. Their early commitment and continuing efforts in the development of both the initial and the revised position papers are recognized as important factors in contributing to the productivity of the Institute. Because of their consistent efforts and task orientation, it was possible to include in the present report more reaction to the leadership statements than had been anticipated.

Without the initiative, professionalism, and objective reporting of the six doctoral candidates of Teachers College, Columbia University, much of the essence of the group discussions might have been lost. Their actual and recent experience with the target populations and their awareness of the changing social order as it influences professional preparation enhanced their ability to record accurately and clearly the deliberations of the Institute participants.

Special thanks are due to Joan Wald Baken for her continuing involvement and for her part in promoting the national effort over the last three years. She has helped to review and modify teacher education as it affects the lives of physically disabled children and adults, and her active participation as a task force chairman is evident in the report on changes in the target populations (Task Force II).

The Institute was made possible by a grant from the U.S. Office of Education, through its Division on Training, the Bureau for the Education of the Handicapped. The guidance and assistance of the Bureau's Dr. Herman Saettler have been felt throughout this recent series of efforts to upgrade a field whose focus of responsibility has long been the education of severely and multiply disabled children and youth.

Every effort has been made by the editors to preserve the integrity of the contributions of the task force leaders and all of the participants. The prompt and responsible work of all involved not only facilitated the editorial task but also reduced the time lag between the Institute's deliberations and the distribution of this report to the field.

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Introduction

This is the report of the third in a series of three national Special Study Institutes related to the education of crippled and other health impaired (COHI) populations. The first, held in West Point in 1970, arose out of the serious dissatisfaction felt by professionals in the field with the quality and quantity of instruction, and from challenges by disabled students and teachers to the generally accepted content and methods of instruction. The Institute itself reflected a growing awareness of personal and professional bias against special education, inertia in the field itself, and a feeling of insecurity regarding the future of the field.

At this first Institute (West Point) the conferees focused upon the status of the field in regard to four major areas: operational definition of the population, professional training, teacher roles, and the directions that federal assistance is taking in meeting the training needs of the field. The participants were all leaders in fields relating to the education of COHI populations. As they prepared to implement the institute's purposes, it became evident that there was a need for a more precise and specific definition of teacher education objectives and of the programming required in order to meet the growing demands for accountability faced by the conferees.

This Institute was broad in scope and was designed to facilitate revitalization of the field and to stir its members from what appears to have been a general apathy and a delusion of effectiveness. The emerging self-appraisal led toward a better identification of the content of professional preparation and of models for teacher education. During the first Institute (West Point) the participants had outlined in very broad terms the knowledges and skills required of teachers preparing to instruct COHI children and youth. Teacher competencies were listed as they apply to the three fields of general education, general special education, and specifically COHI education. The areas of greatest need

emerged as being the educational assessment of pupils, the formulation of instructional approaches, and the coordination of competency needs. The conferees had left West Point no longer satisfied with the status quo but rather convinced that more study and a further delineation of the ingredients of high quality teacher preparation were imperative.

From the West Point meeting came a renewed sense of mission and a reaffirmation of professional identity that would lead to continuing dialogue and in-depth study of the physically disabled in a changing society with a changing population. The participants therefore planned for a second Institute, to be held in Tucson in 1971, this one to be specifically designed "to permit actual formation of, debate on, and consensus of development of goals and behavioral objectives in the preparation of COHI teachers." Establishing need assessment patterns, behavioral objectives, procedures, and performance evaluation criteria were seen by the Institute leadership as the means of "providing a sense of direction essential for a purposeful and dynamic field."[1]

Apparent at the 1971 Tucson meeting was the discomfort and frustration of the leadership in attempting to shift to and accept the stringent demands formulated at the first meeting and the procedures to be followed in identifying and describing the specific knowledges and skills unique to the field of COHI. Participants were on the whole not accustomed to thinking in behavioral terms. However, this experience underscored the need for a systematic plan for delineating both the COHI populations in today's society and the competencies necessary for instructing these target groups. In the process, it became apparent to the leadership that the competencies needed by COHI educators, especially those concerned with the multihandicapped in interdisciplinary settings, had not as yet been defined in an adequate and comprehensive manner.

Those participating in the Tucson meeting readily concurred that the goals of that conference had been too ambitious and would require intensive long-term leadership training. For this reason, the Tappan Zee Institute (1973) was planned. Its objective was the development of an

[1] Frances P. Connor, Herbert P. Rusalem, and Joan W. Baken, eds., *Professional Preparation of Educators of Crippled Children: Competency Based Programming*, Report of a Special Study Institute, Tanque Verde Guest Ranch, Tucson, Arizona, December 8-11, 1971 (New York: Teachers College Press, in press).

intercollege proposal for the establishment of a Leadership Training Institute to spearhead the updating and retraining of educational specialists working with the crippled and other health impaired-multiply handicapped (COHI-MH)—a changing population in a changing society.

A leadership training program of the scope and magnitude required in the field of COHI-MH cannot be realized through conferences alone. Therefore, the participants at Tappan Zee sought a systematic plan for a comprehensive updating of the field and the more effective training of COHI-MH educators. Task forces were constituted in advance of the meeting and were guided by the National Advisory Committee members in preparing working papers on five major topics deemed the most critical in changing the direction of the field. These task forces concerned themselves with: 1) the changing society, 2) definition of the COHI-MH population, 3) teacher education, 4) community roles, and 5) suggestions for implementation of the leadership training program. The present report, then, reflects the efforts of the advance task forces as modified first by the total participant body at Tappan Zee and then by the members of the Council for Exceptional Children's Division on the Physically Handicapped, Homebound, and Hospitalized (DOPHHH) at the international meeting of the Council held at Dallas, Texas, in April 1973.

Following are the reports of the task forces on their designated topics as well as the prepared presentations by speakers invited to challenge and stimulate the conference. The speakers served as catalysts in their modifications of the working papers prepared prior to the meeting itself. Chapter V contains the suggested objectives, modus operandi and evaluation schema for a proposed Leadership Training Institute in the field of COHI-MH education. Underlying the proposed program were the following assumptions:

> That changes in services to COHI-MH populations are being demanded in the context of vast social, cultural, judicial, and legislative changes
>
> That educational agencies are being required to assume increasing legal responsibility for the care, education, and training of all children
>
> That the target populations include the most severely and multiply

handicapped as well as those who perform intellectually and socially within the normal and gifted ranges

That roles for educators of these populations are changing, and that educators are beginning to perform advocacy functions

That special educators in COHI-MH programs cannot alone be responsible for providing the total educational input for the target populations; that the effort must be interagency and cross-disciplinary

That professional and community attitudes, reactions, and programs can and must be altered to deal with the many variables presented by COHI-MH populations

That colleges and universities cannot operate in a vacuum, but must be responsive to the impinging internal and external social and professional forces

That special educators in COHI-MH have had limited opportunity to develop the knowledge, skills, and strategies required to meet the needs of the child in the changing society

That leadership personnel in the field of COHI-MH need to analyze and evaluate their role in upgrading the education of the populations they serve.

Educators of COHI-MH populations, therefore, need to take the initiative in establishing a systematic approach to more effective leadership in the field. This report is seen as the basis for *action.*

Frances P. Connor
Michael J. Cohen

Chapter I

The Process of Social Change

TASK FORCE I:
Peter Cardullias
Elizabeth Goodman
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INTRODUCTION

One of the absolutes facing the American public is the fact of accelerated social change. The nature of such change may be forecast in the following trends, most of which are linked and interacting upon each other:

1. A broadening acceptance of the need for population control, accompanied by liberalized attitudes toward birth control and abortion, and experimentation in birth control methods;
2. Changing life styles, with new attitudes toward and new conceptions of sex, marriage, and family structure;
3. Greater acceptance of the drug culture;
4. A biomedical engineering approach to human and social health problems, including such new developments as organ implantation;
5. Closely linked with (1) and (4), a growing interest in the characteristics of future generations through "genetic manipulation" ("superior" ova, embryos for sale, etc.);
6. The negative effects of ecological changes upon the balance of life;
7. The overwhelming realities of a runaway technology and of a world crisis in life-sustaining resources, including energy.

All of the above combine to give a confusing impression of, on the one hand, a continuing concern to increasing general physical well-being and life expectancy, with its implications of larger geriatric populations, yet a simultaneous and paradoxical devaluation of human life and lack of compassion for the less productive elements of the population—the old, the infirm, and the handicapped.

The cumulative effects of these social and technological trends on future human life cannot be predicted at this time. Educators of crippled or other health impaired-multiply handicapped (COHI-MH) children must, however, be prepared for likely increases in the numbers and types of handicaps and a world where the value of individual human life is becoming cheap and its worth measured in terms of its productivity.

The trends noted must form the context of our actions from this point onward; as a professional field dedicated to the education of human beings, these realities must become *our* realities guiding *our* decisions at two levels: (1) to project and plan toward a vision of the future for COHI-MH populations; and (2) to organize our immediate activities in the most effective way.

Another aspect of impending social change is an alteration of the role of higher education in our society, of teacher education within it, and of special education (including COHI-MH) within teacher education. The emphasis of higher education appears to be increasingly headed toward career education (product oriented) and away from intrinsic values, or knowledge valued for its own sake. Higher costs, overbuilt facilities, surpluses in many professional fields, and shifting attitudes regarding the need and effectiveness of higher education, coinciding with shrinking financial support, both private and public, have placed universities in grave jeopardy. This comes at a time when the control over a wide range of social institutions appears to have become more exclusive, with possible implications for the devaluation of human life as well as for a possibly more stringent regulation of many aspects of society. Historically, such a pattern has been a harbinger of vast special and public policy changes with increasing dictation of policy from above in all fields of human endeavor and a lessening of individual choice and participation in the decision-making processes.

The most immediate evidence of changed support for

higher education from the public and from representatives in government is in the field of teacher education. With current trends being further reinforced by new legislation, it seems likely that some institutions of teacher education will not survive. There is a need for revitalization, for thoughtful alternatives, for a special contribution on the part of education toward an imaginative new partnership relationship with the community, with professional organizations, and with state and local agencies.

The threat to teacher education is most clearly evident in the following current trends in education: time-shortened degrees, new options for degrees, a demand for accountability and the measurement of competencies, emphasis on cost-effectiveness, the movement toward credentialing by peers such as union and professional organizations, and a growing need to consult and take account of community forces.

All of the foregoing provides COHI-MH specialists with a specific mandate: to analyze the meaning of these various social changes as they relate to higher education and to teacher education and to use such data as a basis for action directed toward the field's philosophical commitments as well as to its immediate concerns. COHI-MH concerned professionals need vision first and foremost. Within the framework of such vision, professional action can be designed. Action needs to be not in a vacuum but based on good planning and design. We need to build a viable structure that will be suited to future needs and flexible in meeting them.

As the leadership studies the problems facing the professional community in its specialized task of educating COHI-MH populations, it should do so in the context of the patterns affecting education as a whole. An important example is the priority being given performance-based teacher education, with its many problems as well as promises. Such patterns affecting all education are analyzed most usefully in terms of their implications for general educational reform.

TRENDS IN HIGHER EDUCATION

Educational reform is just one aspect of the vast process of social change facing Americans. Its institutions, which

many may have taken for granted, are now being questioned, and all are being assessed in terms of their relevance to future needs as well as for their past successes and failures. Prompting this questioning is the reality of new national fiscal policies, including revenue sharing, and differing views regarding the role of government in delivering health, educational, and welfare services. High taxes, more conservative voter patterns, a trend toward modified isolationism, a shift to greater regional control—these are some of the signs indicating the forces that are likely to shape domestic policy for the immediate future. Educational reform does not always take place as a *leadership* phenomenon. Often such reform is a *reaction* to external pressures, and equally often its responses are frenetic, poorly planned, and unimaginative. The danger that impending changes may be of this latter type is very real at this time, since higher education has not found appropriate alternatives in the face of mounting social pressures. Yet the fate and future of special education is inextricably linked with that of higher education as a whole. While higher education is seeking alternatives, leaders in the field of special education need to assess the implications for COHI-MH of the following developments:

1. The decreased financial support—federal and state—to higher education;
2. The lack of faith in the end results of teacher education and criticism of its nonscientific premises and of inadequacies in the public schools fashioned after its precepts;
3. The surplus of teachers in many fields and the lack of interest on the part of many young people in the traditional school and in the teaching profession;
4. The increased momentum toward alternative schools;
5. A corresponding loss of confidence in the teacher training enterprise on the part of parents, student teachers, and professional organizations representing teachers;
6. A move toward new certification standards and toward delegating authority for certification to professional organizations, such as unions;
7. Local funding patterns for schools;
8. New strategies for funding educational activities including subcontracting to colleges and universities

by local and state controlled agencies receiving regional grants from revenue sharing;

9. New legal developments within existing legal structures, such as accountability lawsuits, challenging teacher effectiveness;
10. Above all, the vast deficits facing higher education, with private institutions already bearing the burden of increased costs and lower enrollments at a time when open enrollment in publicly supported institutions continues, and when the movement toward "Universities without walls," with their provisions for real life experiences and equivalencies, gains momentum.

ISSUES IN SPECIAL EDUCATION

Against such a background, educators of COHI-MH populations must unite to assert a leadership within the higher education community in order to guarantee the adequate preparation of teachers trained in the *unique* ways required to make a difference in the lives of COHI-MH populations. Also, educators must assert *leadership* to secure the place of teacher education within the higher education institutions in order to ensure provision of the specialized kinds of training required for COHI-MH. Because, as long as teacher education is under fire, so is special education. As general education moves toward the point of peril, special education cannot take for granted its own survival. Moreover, special education must resist the growing efforts on the part of the general educator to include special education in programs of general education, with some inservice efforts to "upgrade" the abilities of the regular teacher. While this is usually viewed as beneficial to the performance of such teachers, the corollary is that the talents of the special educator are likely to be excluded. Yet the real need of COHI-MH populations is for educators who are active members of teams of specialists, both within the special education field and across disciplines. Therefore, special education cannot sit back and wait for higher education to respond to its assaults. It needs to influence those responses by asserting its position on the basic issues and on the needs known to be essential for COHI-MH populations. COHI-MH concerned professionals are best qualified to identify the

educational problems facing the disabled, the kinds of teachers necessary to instruct them, and the nature of the teacher preparation believed to be most appropriate. They are well able to formulate the kinds of programs in which such teachers work most effectively and to define the nature of the financial supports necessary to implement such programs. They are well acquainted with the nature of the communication systems required to disseminate such practices and principles. They are also best able to direct the uses of current research findings in approaches to teacher training and to the instruction of children, and to distinguish those aspects of teacher training that are unique to special education and not able to be generalized among the various fields in general education.

ISSUES AFFECTING COHI-MH

The major issues within higher education reform affecting the COHI-MH educator are the following:

1. Aspects of federal legislation that assume that the majority of special educational services will be provided through the regular classroom;
2. The consequent assumption that there will be equal influence in the decision-making processes by local, state, community, and all educational agencies.

It seems likely that teacher preparation institutions may be one part of the policy-making team, with special education merely an identifiable part of the team. Within this context of fragmented decision-making and professional action, concerns for the COHI-MH population will not be dealt with specifically—they could be overlooked in the formulation of general educational policies, since governmental funds will be channeled into local agencies for use in noncategorical ways within regular classroom settings. Thus, those concerned with the COHI-MH population may have to fight for the right of disabled individuals to an education that includes the *unique* kinds of learning experiences necessary for their individual fulfillment. Moreover, such a conflict might take place in a climate of limited concern for the well-being of the severely handicapped, particularly in view of their limited potentials as contributors to society.

If the educational needs of COHI-MH populations are to be met, the concerned professional community must take up the challenge: acting as tireless advocates for the self-fulfillment of the handicapped and of their potential human worth to society, monitoring developments affecting COHI-MH populations, and asserting leadership within the professional community. COHI-MH educators must devise strategies whereby they can assure for COHI-MH populations a recognition of their unique needs and sufficient resources and finances to meet those needs.

THE GOALS FOR COHI-MH

COHI-MH educational leaders need to establish a network for communicating the unique role and function of COHI-MH workers as a professional body with specialized talents and competencies. They must work toward establishing systems necessary to upgrade the instructional and curricular experiences of COHI-MH preservice and inservice teachers in keeping with the literature and research in the fields of special education, regular education, and COHI-MH. Out of these experiences should come newly devised models of teacher education for COHI-MH populations and new techniques for evaluation, for the assessment of needs, and for the dissemination of knowledge related to COHI-MH content and skills.

COHI-MH leadership needs to see that its professional concerns become translated into legislation and that such legislation reflects the priorities essential to the handicapped population. The current new financial patterns should be taken into account but should not direct the action. Action should be directed by an awareness of and development of those elements in teacher education which are best able to produce the kinds of professionals needed in the field of COHI-MH. To be wise, however, those ideals need to be fitted realistically into the context of the present social fabric of American life, with its changing patterns and its confused perceptions regarding the nature of individual human worth.

By definition, special education cannot be considered a priority within higher education reform. The COHI-MH professional must, therefore, be the advocate of humane and quality education for all children. A leadership training program would seem to be the beginning of that task.

CHAPTER II

A Working Definition of COHI-MH

TASK FORCE II:
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Berta Rafael
John Siepp
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Joan W. Baken, Chairman
Shari Kieran, Recorder

Crippled and other health impaired-multiply handicapped (COHI-MH) populations are composed of those individuals with physiological impairment and concomitant educationally related problems, requiring some modification of programs to meet their educational needs.

There are developmental tasks ordinarily and commonly mastered in infancy, early childhood, adolescence, early adulthood, middle age, and later maturity. When the normal learning of these tasks is affected by a physical or health impairment or related disability, the individual *regardless of age* becomes part of the COHI-MH population to be served. Limitations of physical dexterity, locomotion, and vitality produce a multiplicity of secondary functional deficits. Taken together, they in turn affect psychological as well as intellectual growth and performance. Lack of early social and educational experience and exposure, often accompanied by recurrent periods of hospitalization, combine to form possible perceptual and conceptual deficits. Personal rejection by peers, owing to the inability of the handicapped person to keep physical pace in the activities of daily living and also because of certain "embarrassing" physical problems associated with their condition, such as drooling or disfigurement or the need for special prophylactic equipment, like catheters, affect social adjustment as well as self-acceptance.

Physical problems often demand that specialized intervention take place in any one of a number of settings, such as regular class with appropriate back-up support, resource class,

self-contained classroom, hospital, home, developmental training and day-care center, extended care facility, or nursing home. At any age from birth to death, COHI-MH populations function at a variety of levels. At a mainstream level, handicapped persons, with opportunity for support and monitoring by trained COHI-MH specialists, nurses, and other personnel, are capable of responding to either usual or modified methods and materials. At a second level, the population can function in educational or vocationally oriented settings if provision is made for alternate strategies and periodic reevaluation. At a third level, it is necessary to vary not only the teaching strategies but also the content and focus of the educational program. There is also a fourth level at which the population needs opportunities for the development of alternate strategies and a curriculum for the acquisition of knowledges and skills directed toward self-help, survival, and self-enhancement.

Multiplicity and diversity of physical disabilities, as well as the social-psychological complexity of any given disability, necessitates a multidimensional definition of the COHI-MH population. Those aspects having the greatest significance for educational planning appear to be functional problems and the programmatic changes they entail. Moving from the infant population—which includes "high-risk" children, those with developmental lags, and those with early signs of sensorimotor or health problems or neuromuscular dyscoordination—through childhood to adulthood, the nature of the disability changes, whereas physical status may be altered or it may remain static. Special education services need to be modified to correspond with the requirements of a given social-psychological situation.

For educational purposes, then, the COHI-MH population, is seen as those individuals who, as a result of physiological or functional disabilities, cannot have their educational needs met without specialized mediation, remediation, or modification of curriculum. When the learning process is affected by a physical or health impairment or secondary functional disability, the individual, regardless of age, becomes part of the COHI-MH population to be served.

Recognizing that this is a definition of the "now" population, it remains the task of everyone concerned with COHI-MH to think not only of the currently existing population, but to look ahead to the future. It might be the

function of a Leadership Training Institute to attempt to assess (with the aid of experts in a wide variety of other fields), and to direct attention toward, the future populations for whom teachers need to be prepared.

CHAPTER III

Teacher Education for COHI-MH

TASK FORCE III
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INTRODUCTION

In an effort to identify and maintain the highest levels of educational experience for individuals in the crippled or other health impaired-multiply handicapped (COHI-MH) population, a continuous review and evaluation of teacher education is mandatory. This obligation has led to the questioning of our educational processes and products. The current concern of the profession is reflected by a movement toward identifying some basic premises of the field, specifying key issues, and proposing exploratory models for the improvement of COHI-MH teacher education.

The following basic premises, issues, and suggestions for action reflect some of the ideas and concerns of those professionals in COHI-MH attending the 1971 and 1972 Special Study Institutes at West Point and Tucson, as well as those working on the task forces for the 1973 Institute. The early assumptions and concerns may be found in the proceedings of the West Point Conference.[1]

[1] Frances P. Connor, Joan R. Wald, and Michael J. Cohen, eds., *Professional Preparation for Educators of Crippled Children*, Proceedings of a Special Study Institute, Hotel Thayer, West Point, New York, December 9-12, 1970, (New York: Teachers College Press, 1970).

BASIC PREMISES

A task of those concerned with the education of teachers in the field of COHI-MH is to prepare them to help the disabled to learn to live as effectively as possible within their levels of functioning ability. The functions of teacher educators concerned with COHI-MH populations include, but are not restricted to: (a) the preparation and continuous training of teachers-in-training and teachers-in-service and (b) the devising of programs for the training of others who assist in work with these populations, for example as aides, paraprofessionals, volunteers, or parents. In addition, teacher educators are expected to maintain their involvement in program development, to conduct and evaluate research, to work cooperatively within the professional community, to serve as catalysts for change, to fulfil advocacy roles for the welfare of COHI-MH populations, and to maintain personal contact with members of these populations.

College preparation programs in the area of COHI-MH must accept responsibility for preparing teachers to instruct any individual who has a crippling condition, a severe motor delay, or a special health problem as well as possibly some additional educational handicap. Moreover, there is a need for such programs to prepare teachers of COHI-MH individuals to relate their special teaching skills not just to a particular age group but to all ages on a continuum from infancy through adulthood.

Programs should include preparation to instruct children as well as adults whatever the nature or degree of the physiological and functional problems they may exhibit. In addition, COHI-MH educators should be trained to initiate or coordinate interdisciplinary activities on behalf of each individual and his family. Because many individuals may have other disabilities that require additional instructional competency, the teacher education program in COHI-MH must prepare its trainees not only to deal directly with the accompanying disabilities but also to be familiar with available resources, so as to enable the disabled to locate and utilize the advice of experts specifically qualified to assist them. The requisite knowledge and skills of teachers of COHI-MH pupils are those that will enable them to implement and evaluate established educational programming and supplementary activities as well as to initiate, implement, and evaluate new program ideas.

Preservice teacher education should be viewed as only one point on a continuum of professional development. Completion of a teacher preparation program and certification does not indicate a "finished product." Graduates should be encouraged to participate in efforts to upgrade the COHI-MH professional field and to assume leadership in the training of future teachers.

Representatives of those concerned with the professional preparation of educators of COHI-MH individuals have involved themselves concertedly in the process of studying the status of the field, analyzing its needs and problems, and recommending goals for future directions. It is their conviction that teacher education should be competency-based, and that by acting in that belief, valuable data can be gathered. These data can then be used by the profession in its continuous attempt to evaluate basic premises, to evolve some solutions to the issues facing the field, and, simultaneously, to improve the quality of teacher preparation for education of COHI-MH populations.

Competency-based teacher education is synonymous with performance-based programming. The performance-based program is one in which the teacher and the students are able to define performance, or learner objectives, to establish the criteria for a required level or agreed-upon manner of performance, to plan teaching-learning processes toward attainment, and to provide the evaluation that will measure the quality and completeness of the learner's performance.

> The concept of *competency-based instruction* has emerged from the emphasis on goal-orientation and individualization. Learning goals or objectives can be made explicit by and for the learner. The individual can then pursue learning activities and can develop performance skills or competencies in the process. When this approach is coupled with the appropriate management and delivery system, the *accountability* principle can be applied to all aspects of the instructional program.[2]

This definition is *general* for the purposes of adaptation to specific program needs; it is *suitable* for individual program product accountability, it is *exclusive* of processes, procedures, and methodological techniques; and, by implica-

[2]W. Robert Houston and Robert B. Howsam, *Competency-Based Teacher Education* (Chicago: Science Research Associates, 1972), p. 3.

tion, it is *subject to* criteria development and implementation.

COHI-MH teacher education personnel, working with other specialists involved in education for the target population, have responsibility for the improvement of teacher performance. Teacher educators should be among the formulators of competency criteria required of the students who will eventually be teaching a COHI-MH group.

For best results, teacher educators from educational institutions having similar instruction and program development responsibilities should pool their ideas and contributions with regard to competency specifications. Other personnel who can usefully be involved in this process include inservice teachers, professional educators in regular education, faculties from disciplines across a campus, personnel from state agencies, parents, and handicapped individuals who have received instruction from persons prepared in a variety of teacher education programs.

Teacher education programming encompasses much more than can be written into a list of competency statements. Not all outcomes of teacher education can be assessed through an evaluation of student performances of specified teaching tasks. Neither can all aspects of teacher education programs be defined as competencies and evaluated. Therefore, lists of competency statements alone will not automatically define effective teaching. However, they will help to point up the elements in the process and to measure the results of teacher education designed to prepare preservice teachers or increase the competencies of inservice teachers.

There is no universal set of competencies to be recommended for the successful completion of a professional preparation program in teaching COHI-MH. Competency statements from institution to institution may have some elements in common; but they are likely to vary somewhat in content because of differences in priority judgments as to what constitute tenable competencies in a specific teacher education program. Even within a single institution, different competencies may be designated for different specialties within the general COHI-MH area. For example, the competencies for teaching preschool multihandicapped academically bright children are likely to differ from those required for the teaching of noncollege-bound secondary students. Competencies are derived by consensus of professional

judgment and are usually considered tentative until such time as additional data support their efficacy or suggest alternatives. Even field-tested competencies must be considered tentative because they may be affected by the changing social scene and by the changes in the COHI-MH population.[3]

ISSUES

The impact of societal change on traditional teacher education in university settings is forcing the leadership to raise new questions about professional preparation. Some problems have been delineated to support the need for a Leadership Training Institute in the education of COHI-MH populations. The issues relating to professional preparation appear to cluster about several central themes. Within each major problem area, a number of factors have been identified for program exploration, field testing, and decision making.

In the *who* and *where* of COHI-MH teacher education, role delineation is necessary. When the university assumes responsibility for COHI-MH teacher training, the teacher educator is the major agent of the process; thus schools of education, with the participation and support of the entire university, are the major resource for the preparation of future COHI-MH teachers. It follows that the university would also assume responsibility for prescreening and for the selection of only the most suitably qualified applicants to pursue training. However, if the public schools find a direct need for preservice or inservice teacher training, they should also explore available alternatives. Such alternatives might include the screening and choosing of their own candidates, adoption of their own training programs, or subcontracting for services with agencies or other institutions, including universities. This third alternative suggests cooperative action between the universities and the community educational agencies.

A second major issue focuses on the content of the COHI-MH teacher education curriculum. If the training of teachers of the handicapped is to reach maximum effectiveness, the question arises as to whether there is a need to differentiate between various types of competency attain-

[3] A subtask force, chaired by June Bigge, developed a pilot project for setting up and testing competencies required of teachers working with varied COHI-MH populations in a variety of settings. This pilot project is given as Appendix A.

ment. Are some different competencies needed for teaching in different educational settings, for teaching different age levels, for teaching COHI-MH individuals with different physical or mental characteristics? This raises the question of the feasibility of a teacher training program which fulfills comprehensive goals and prepares teachers who are effective in any role, regardless of an individual's age, the degree of his handicap, combination of handicaps, or the educational setting. When a teacher is being prepared to work with the COHI-MH population—by definition often multiply handicapped by visual, aural, and learning disabilities—decisions are required as to where the emphasis should be placed regarding content and degree of depth in relation to these various disability areas. Should teachers be trained toward in-depth expertise in dealing with the therapeutic and medical recommendations for the management of *specific* physical, sensory, or medical problems? Or is it sufficient for the teacher who is not equipped with in-depth competencies to rely upon locating and using outside resources to provide special educational services, instruction, and methods—at least until further competency can be obtained?

The variety and depth of experience and competencies in relation to various teacher education formats and delivery systems are subjects for investigation. It is necessary to consider the inclusion of extensive reality-based experiences and problems. Perhaps these could be attained through a variety of intense experiences scheduled early in professional preparation and integrated with academic coursework prior to entering the field for student teaching. The field—schools and agencies—may then become the training ground, with the university as the coordinator-director.

Similarly, teacher education needs to experiment with training possibilities through interaction with other disciplines within the university which may prepare personnel to serve COHI-MH individuals, such as social workers, psychologists, physical therapists, and vocational counselors. Also, regular education might be involved so as to explore the need for regular education trainees to be exposed to experiences with the handicapped, thus making them more aware of the needs of COHI-MH pupils who are integrated into regular programs.

If teacher education is to be designed to cooperate with those who will work with the COHI-MH population and to

meet the educational needs of all parts of that population, issues of instructional process arise. These issues center around the need for the communication of theory, facts, generalizations, and problem-solving procedures in relation to required activities and supervised experiences. Individualization of instruction is required in teacher preparation programming as well as provision for diversity of educational practice in which a teacher may establish competencies. Such competencies should be measurable against student accomplishment, providing some means of accountability. This in turn raises another important problem, that of establishing criteria for evaluation in competency-based education. The performance of disabled pupils is often used as a criterion by which preservice or inservice teaching is evaluated by teacher educators. If pupil performance is to be the major criterion on which judgment of a teacher's competency is based, competency criteria need to be established to credit achievement by handicapped persons for whom improvement is slow and limited but very significant. Finally, if teacher certification in the competency-based era is to be consistent and continuous, there is need to study the merits of an interuniversity effort with state assistance and national consortia to effect reciprocity between certifying agencies.

A PROPOSED COMPREHENSIVE MODEL FOR COHI-MH TEACHER PREPARATION

In response to the foregoing assumptions and statement of issues, a comprehensive model for COHI-MH teacher education was proposed by a sub task force composed of June Bigge and Sandford Reichart, with the editorial assistance of David Ryan and Barbara Sirvis. The model, adapted from a teacher education model, "Elements in Teacher Education," outlined the basic assumptions, present practices, issues, and proposals for change in current COHI-MH teacher education.

Underlying the development of the model was an assumption of the need for increased interaction between preservice and inservice teacher education with the aim of mutual improvement and integration. Implicit in this assumption is a program design leading to the increased involvement of inservice personnel, both as *teachers*, with respect to the preparation of preservice students, and as *learners*. The model

suggests that schools of education within institutions of higher education become the major agent of teacher preparation, and that the field experiences fundamental to teacher education be competency-based, so that teacher education may thereby become accountable to its constituents.

To correspond with the assumptions and issues collectively formulated at the West Point and Tappan Zee conferences, the proposed model consists of those *elements* of the college and university COHI-MH teacher preparation programs that *are to be interrelated and constant features*: (1) prescreening and counseling of candidates; (2) interaction with the total university community; (3) interaction with community representatives, other institutions, and agencies; (4) use of program components of practica, curriculum, and methods of instruction; and (5) commitment to certain ethical positions. The first three components relate to assumptions and concerns about the mechanics of COHI-MH teacher education while the last two pertain to program, improved instruction, and commitment to competency-based COHI-MH teacher education. The model that follows briefly outlines these components.

ELEMENTS CONSTITUTING COHI-MH TEACHER EDUCATION PROGRAMS

I. Prescreening of candidates:
   A. Early identification of potential candidates;
   B. Continuum of career and goal-orientation.
II. Interaction of COHI-MH teacher preparation program with the total university community:
   A. Teacher education as a function of the total university, not of the school of education alone;
   B. Interdisciplinary involvement as a part of teacher preparation.
III. Interaction with community representatives and agencies:
   A. Suggestions regarding training program needs;
   B. Participation of preservice teachers.
IV. Program components:
   A. Practical experiences:
      1. Extension of reality-based experiences and problems;
      2. Use of field members as members of instructional team.

B. Curriculum:
   1. Emerging from the competency needs of the trainee;
   2. Emerging from the life needs of COHI-MH individuals, parents, and the community school or facility.

C. Instruction:
   1. Increasing use of field instruction and activities in the field;
   2. Communication of theory as it is developed, combined with facts and generalizations regarding target populations;
   3. Translation of theory into practice;
   4. Design of appropriate materials, activities, and practical experiences.

V. Commitment to two specific ethical positions:
   A. Emphasis upon use of competency-based instruction.
   B. Measurement of the teacher educator's accountability to preservice and inservice teachers:
      1. Initial preevaluation;
      2. Instruction and learning;
      3. Ongoing evaluation.

One function of a Leadership Training Institute might be to analyze the proposed model in terms of its appropriateness for the COHI-MH field as well as to assess the readiness of the field to accommodate and adopt such a model. Serving as a focus of deliberations about related goals and modes of implementation, this model might be accepted, with recognition of its relevance for the improvement of COHI-MH teacher education, or all or part of it might be rejected, or it might be replaced by improved models or adapted components.

SUMMARY

Ideally, the concerted efforts of this Institute's National Advisory Committee will be continued in order that it may systematically provide ideas and leadership to the field and, subsequently, involve the field in cooperative self-updating and self-improvement. Improvements will be evolved in accordance with more effective models of teacher education. Goals will be extended to necessary competencies for

working with new COHI-MH populations. It is anticipated that alternatives to improve competencies in working with the changing needs of COHI-MH populations will be developed.

CHAPTER IV

Community Agency Involvement

TASK FORCE IV
Marcus Arnold
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This Institute considers the education of *all* children to be a primary responsibility of any community. A comprehensive service system must be implemented for each community to ensure (1) communitywide knowledge of the need and availability of program approaches to meet special developmental needs of crippled or other health impaired-multiply handicapped (COHI-MH) populations and (2) direct involvement of community members in the expansion of services. All human service disciplines have an obligation to contribute their unique skills to this delivery of services in order to meet the developmental needs of every child.

In light of recent court actions, new legislation, noncategorical approaches, changed concepts, and new credentialing standards, increased community agency involvement in the education of COHI-MH populations and the training of teachers is a reality and a necessity. If this group is to continue to receive a quality education, and if federal and state funds are to be utilized in the most effective way possible, COHI-MH educators must now take the initiative to work cooperatively with community agencies. New populations and new patterns for delivery of educational services necessitate changes in teacher education—in curricula, practica, roles, certification and standards for credentialing educational programs in public schools and community agencies.

A more comprehensive and commonly acceptable definition is required for the target population. The definition

evolving from this conference subsumes the Social Security Act definition of disability.[1] It must encompass both the Zero Reject mandate of the courts and the noncategorical approach for human services, funded by shared revenue, of the Congress and of state legislatures. Some way will have to be found to identify those services that all children need, those required only by the handicapped, and those that are unique for specific handicaps and for specific levels of handicap. Such regrouping on a noncategorical basis has import for how and where children are educated and what competencies teachers will need.

COMMUNITY AGENCIES INVOLVED WITH THE COHI-MH POPULATION—WHO ARE THEY?

There are several categories of community agencies that have for some time now been identified with educational programs for COHI individuals. As the need for the particular educational service, and the ability of the individuals to respond to the service, was demonstrated, many of these educational programs were removed from community agencies and placed in the regular or special school system. However, research findings that all children learn from the moment that life begins and that handicapped children especially need early intervention programs, added to the recent court rulings that all children have a right to an appropriate educational experience, have alerted both public schools and community agencies to the need for delivery of more comprehensive services. An increasing number of agencies are conducting baby and prenursery intervention programs. Some school systems are contracting with community agencies to serve the multiply and severely handicapped; others are themselves serving infants as well as postteenagers. Head Start programs have been mandated to serve the handicapped: 10 percent of their populations *must* be handicapped. Clearly, closer working relationships between teacher training institutions, school systems, and community agencies

[1] Definition of disability in the Social Security Act: The disability (1) is attributable to a medically determinable physical or mental impairment, (2) originates before the individual attains age eighteen and has continued or can be expected to continue indefinitely, and (3) constitutes a severe handicap to substantial gainful activity, or in the case of a child under eighteen, a handicap of comparable severity.

are imperative. Variation is to be expected among the states in the systems established for this delivery of services.

Among the community-based human service agencies readily identifiable as prospective members of new coalitions are: voluntary agencies serving the handicapped (such as United Cerebral Palsy Association, Association for Retarded Children, Easter Seal Society), university-affiliated facilities, hospital schools, state institutions, mental health agencies, mental retardation centers, visiting-nurse services, high-risk baby clinics, and developmental day-care centers, both public and private. Within the past few years, new educational components have come into being in community Head Start centers, developmental day-care centers under the social services provision of the Social Security Act, and community action programs.

Some structured mechanism is needed for identifying all of the community agencies that might act as partners with the public schools: to provide educational programs, to determine their overall needs for trained educational personnel, to coordinate curricula, to advise on credentialing, and to use community resources both for service delivery and for the training of teachers.

ASSUMPTIONS THAT AFFECT INVOLVEMENT OF COMMUNITY AGENCIES

In addition to the basic assumptions of the present project,[2] there are some additional assumptions that relate specifically to the involvement of community agencies in the educational process, including the preparation of teachers for the COHI-MH population.

1. Public schools cannot relinquish responsibility and accountability for providing appropriate and comprehensive educational programs for COHI-MH persons.
2. Both public and private community agencies have a role to play in the educational continuum.
3. There are specific and unique tasks best accomplished by
   (a) community agencies
   (b) schools
   (c) teacher training institutions.

[2] See Introduction p. vii.

4. Community agencies have needs for qualified educational personnel with special identifiable competencies.
5. Community agencies have a role to play in training educational personnel.
6. Severely and multiply disabled children can benefit from participation in the variety of services and activities in the community.
7. Continual improvement of present educational agencies is necessary.
8. The means for change already exist (or could be created within the community) in the form of the personnel, agencies, coordinating services, and teacher education institutions already available. For example, the accreditation standards for community services demand cooperation and coordination among various agencies providing services to the COHI-MH population.[3]

REALITIES AND TRENDS

1. The trend in federal and state legislation, and the flow of money, is toward nonrestricted funding for human services. The human services concept directs that educational dollars will flow to the states to be dispersed to the public and private agencies for delivering needed services. At the same time, the decision-making for allocation of funds is shifting to local levels, and a diversity of decisions is anticipated. This may lead to a new inequity in the provision of services for COHI-MH populations. Moreover, education is only one part of total programming.

2. It must also be borne in mind that some funds for special education will be administered by general education agencies rather than specifically by special education agencies.

3. The desirable trend toward integration of children with handicaps into programs with their peers wherever possible is gaining momentum. Open classrooms, resource rooms, integrated therapy, and consultant teachers are a few aspects of the implementation of this strategy. As certain members of the COHI-MH population move into integrated classrooms, both regular and special, teachers will need new skills, includ-

[3] Available from the Accreditation Council for Facilities for the Mentally Retarded of the Joint Commission on Accreditation of Hospitals, 645 N. Michigan Avenue, Chicago, Ill. 60611.

ing the know-how for functioning in a cross-disciplinary setting.

4. In federal and state programs there is a trend for money to follow the child rather than groups. This emphasis has an impact on funding and on decisions regarding services.

5. Individually designed prescriptive teaching is another indicator that delivery systems for all services are changing; education will have to gear up to meet these changes. Accreditation standards for community agencies and institutions include requirements for prescriptive programming. Teachers will have to learn how to function in a cross-disciplinary fashion if they are to implement these prescriptions. Special educators will need to develop a comprehensive teacher education program that spans categorical lines for the functional programs required by the severely disabled.

6. Funding for educational programs and services cannot be taken for granted, much less the earmarking of funds for special educational services. Educators serving COHI-MH populations will have to be able to compete with other human service programs for funds, justify the needs of individuals requiring special education, and document the use of funds for the education of such persons. Legislators frequently ask such specific questions as: What part of special education is 'special'? and, What part of the education of a handicapped child is due him as his right as a *child*, along with other children? They are not just seeking philosophical answers to these questions; they want price tags on the answers. A new financial system that is based on state audited cost and has safeguards for accountability will be required if private agencies are to service multihandicapped populations with innovative program concepts.

Other practical questions being asked in the formulation of particular programs for the severely and multiply handicapped segment of the COHI-MH population are: What are the goals for them—short and long range? Are these goals realistic? Are the procedures productive and cost effective? What are the special excess costs?

Following the Pennsylvania Consent Decree, court suits involving the rights of all children to an "appropriate educational experience" are being filed or contemplated in many states. The Council for Exceptional Children is providing regularly updated background materials and consultant help

to states contemplating such litigation. A National Center on the Law and the Handicapped, funded under a Developmental Disabilities Act grant, has been established at Notre Dame University to provide research and consultant help in Right to Education suits as well as in other legal actions affecting the handicapped. It would appear that educational agencies will have to be prepared to provide or contract for educational services to previously unserved populations.

UNRESOLVED ISSUES AND PROBLEMS

It is apparent that far-reaching changes in the present educational delivery system are required. In order to design a system that will build on the best of the past, will function at the present time, and will allow for change, growth, and development in the future, the projected Leadership Training Institute (LTI) appears to be absolutely essential. In addition to giving consultant help to communities and public school systems that are attempting to launch programs serving an expanded COHI-MH population, as newly defined, the LTI will need to address itself to specific problems such as changes in teacher preparation programs, curriculum content development, coordination mechanisms between public schools and community agencies, and funding problems.

Specifically, in order to address the problems attendant upon community agency involvement in the education of COHI-MH children, the Leadership Training Institute should:

1. Involve administrative and professional personnel from community agencies in the planning of the LTI.
2. Address the funding problems, especially the problem of how to coordinate money streams for a particular child so that a quality comprehensive educational program results; funding mechanisms for channeling funding streams to both public and community agencies will need to be developed.
3. Address the total problem of coordination of efforts on the part of public schools and of the community agencies so that responsibility for decision-making on behalf of COHI-MH children and subsequent accountability is clearly established, and so that all children have equal right of access to educational services.
4. Provide for the training of both new and already functioning personnel in new techniques, such as the cross-

discipline approach to management of severely handicapped individuals. Attention will also have to be given to teacher preparation programs which train teachers to release old roles, adopt new ones, and participate in the coordinating of community groups as required under the new accreditation standards for community agencies presently being developed.

5. Provide for the development of new curricula to serve the severely and multiply handicapped segments of the COHI-MH population.

6. Identify the specific and unique tasks that community agencies, schools, and teacher training institutions can each most successfully and realistically undertake.

The task ahead is a formidable and challenging one. The proposed Leadership Training Institute, in summary, should address itself to the following issues of importance to the COHI-MH population:

1. Strategies for monitoring and providing quality controls for the use of public monies supporting more public school programs;
2. Skills needed by teachers to enable them to participate in the coordination of community groups being required under the new community service accreditation standards;
3. Problems of decision-making at local levels, including the attendant problems of rights and inequalities;
4. Assisting administrators of noneducational agencies, so that they may understand the educational component and approaches for meeting the needs of COHI-MH populations;
5. A curriculum adapting the cross-disciplinary approach in a manner appropriate for training teachers to function in a cross-disciplinary setting.

CHAPTER V

Leadership Training: A Special Project

TASK FORCE V:
Bill Duckworth
Jeanne McCarthy
Isabelle Robinault

Walter L. Olson, Chairman
Kenneth E. Vyatt, Co-Chairman
William Johnson, Recorder
Maxine Levy, Recorder

The Leadership Training Institute (LTI) is seen as a vehicle for change outside of the structure imposed by the field, and providing the flexibility to act, free of that imposed structure. Its purpose is to outline functional problems capable of realistic solution. Such an institute would provide leaders working in the field of the crippled or other health impaired-multiply handicapped (COHI-MH) with the opportunity to act in concerted and positive ways, to effect change rather than reacting as individuals in isolation to societal and professional pressures.

Leadership personnel as envisioned for the purpose of these deliberations would include:

1. Coordinators and faculty members preparing personnel in the field of COHI-MH
2. Special projects directors
3. Consultants for COHI-MH in state educational agencies
4. Directors and consultants to state and national allied health agencies (such as the United Cerebral Palsy Association, Easter Seal Society, National Foundation, etc.)
5. Administrators of public or private facilities providing educational and treatment services to this target population.

Many individuals formerly enrolled in special COHI-MH facilities are now in regular classes or integrated into the normal academic stream for at least a part of their day. Other students, who in the past have been kept at home without educational services or who have been inappropriately placed, are now attending schools in their communities or looking forward to such placement when programs become available. Specialists in COHI-MH previously focused on providing services to populations affected by poliomyelitis, osteomyelitis, and tuberculosis—populations that no longer exist in any significant number in most areas of the country. The recent trend toward programming that is noncategorical or cross-categorical has made it possible for many of the mildly to moderately handicapped to attend regular public school classes, with the help of special resources and visits by specialists for supplementary instruction and consultation.

For the purposes of this proposal, therefore, the COHI-MH populations are defined as including individuals with physical and/or motor handicaps, who may or may not have one or more secondary conditions that require specialized educational intervention (see Fig. 1). It supports the zero-reject concept while not neglecting the highly gifted handicapped child. Thus, the field of COHI-MH is taking steps to address itself to a target population that is more severely involved—physically, sensorially, intellectually, and emotionally—than the population as previously defined. In short, a target population with more complex and demanding educational problems requiring interdisciplinary coordination and collaboration, more sophisticated and definitive assessment procedures, and a wider variety of teaching strategies and program services.

Teacher and leadership preparation programs in the field, however, have been slow to shift from the status quo and devise innovative approaches and procedures to meet these changing needs. Interaction and communication between university programs, state departments, local districts, para-educational disciplines, and agencies have been inadequate. The updating and upgrading that have taken place in pre-service and inservice education have not been uniform across the field.

Educational research in the field of COHI-MH has been meager and spotty. There has been a reliance on research conducted by other areas and disciplines. The proposed LTI

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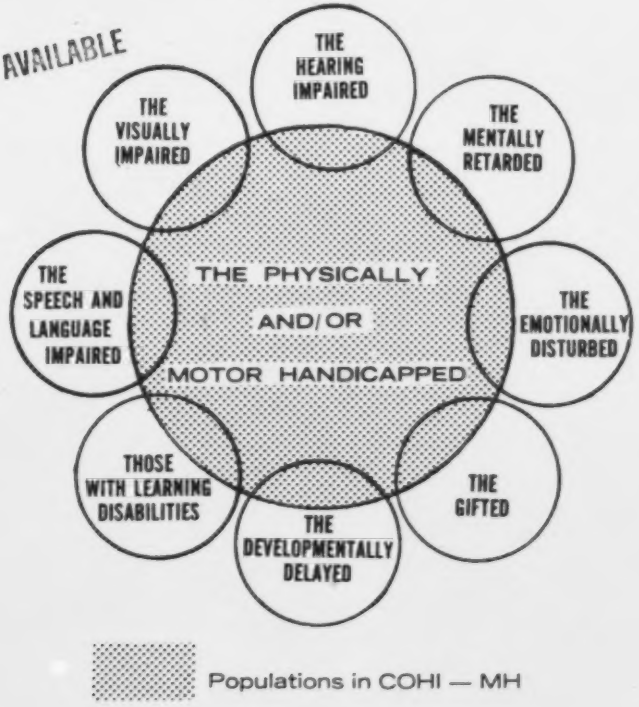
Figure 1



would stimulate needed research in this field and disseminate the findings of appropriate studies.

A much closer and more continuous collaboration and cooperation is needed within an organizational framework that would enhance the attitudes of commitment and responsibility. The multiply handicapped have received high priority from the Brueau of Education for the Handicapped of the United States Office of Education.

Leaders in the field have demonstrated their intent to study their status and direction by way of a series of Institutes for professional workers throughout the country involved in services to the COHI-MH population, of which this is the third.

THE INSTITUTE AT WEST POINT, 1970

At the first meeting, held at West Point, attention was focused on identifying: the target population of the COHI-MH area, types of existing program services, program service needs, university teacher preparation and leadership training programs, current and needed research, and the status of interagency and interdisciplinary coordination and collaboration. The following is a summary of the conclusions reached at the West Point meeting.

1. COHI is a comprehensive category encompassing many educationally divergent children. Basically, the target group consists of children who, as a result of permanent, temporary, or intermittent medical disabilities, require modifications in curriculum and educational strategies. The conditions of growing up as an exceptional child often impose secondary emotional disabilities which, in combination with sensory, perceptual, and conceptual disabilities, require special educational interventions.

2. COHI populations fall along an educational continuum requiring provisions for a) children ready to proceed into the regular school program, b) children in full- or part-time special programs, c) children whose handicaps preclude placement in a special class, and d) children whose handicaps preclude independent functioning.

3. There is a large group of COHI children for whom successful placement in a regular class can be achieved by environmental intervention, special transportation, prosthetic devices and supports, and removal of architectural barriers.

4. Early educational intervention is considered of paramount importance to the development of COHI children. Extension of teacher training to the preschool level will require stronger components in the use of the child's home as a learning environment, skills in educating parents to function as teachers of their own children, and special curriculum methods and teaching strategies that are suitable for handicapped young children.

5. Work with COHI teenagers requires a special educator who has been trained to function cooperatively with vocational education and vocational rehabilitation personnel.

6. Reeducation of educationally disadvantaged and the

preparation of the child for functioning within more integrated settings should receive a high priority in special education programs and should provide a framework for selecting specific educational objectives, making educational placements, and planning instructional methods and materials.

7. If "normally learning" crippled children are to be served adequately in an educational setting, communication, cooperation, and understanding will have to be established between mainstream educators and special educators. Students who are preparing for careers in general education should be provided with an introduction to exceptional children during their preservice training. In addition, special education will have to prepare specialized personnel who are capable of establishing a liaison with general educators.

8. Skills needed by teachers of COHI children are clustered into three subdivisions: assessment, instructional approach, and coordination of services.

9. Professional ability to cope with the educational problems of COHI children is better developed than are strategies for dealing with the multiplicity of psychological and intellectual problems resulting from disturbed interfamilial relationships, limitations in physical dexterity, mobility, and vitality, and experimental deprivation.

10. Post-masters training programs in COHI should cut across lines of disabilities and disciplines and reflect the following ingredients: disability and functional specializations balanced with broader experiences in general and special education; a common COHI core; specialization in such areas as administration, college teaching, and research.

11. In view of the new challenges that are confronting COHI, new teacher education models for this field are needed. Such models should place less stress upon accumulating academic classroom hours and more upon extended supervised field experiences, individualized study, and the requirement that students demonstrate their competence as special educators through performance.

THE INSTITUTE AT TUCSON, 1971

The Tucson meeting focused on the development of behavioral objectives and competency-based teacher education programs. The following is a summary of the conclusions reached at the meeting.

1. There is a need for change in the procedures that currently are being used to prepare COHI teachers.
2. These changes should replace the rather ill-defined rationales and procedures now in use with ones that are based upon well-defined behavioral objectives.
3. The achievement of these objectives should result in the emergence of larger numbers of teachers with more competence to serve the COHI populations.
4. The selected behavioral objectives can be attained most readily through competency-based teacher education programs that lend themselves to assessment and accountability measures.
5. In developing competency-based teacher education programs, COHI can establish its unique contribution to special education, as well as to education in general, and can give COHI teachers a sense of identity and professional affiliation that provides them with motivation, additional skill, and security in their work.
6. This sense of purpose and professional identity must be apparent in teacher educators if their products (the emerging COHI teachers) are to acquire it.
7. Competency-based teacher education programs do not necessarily begin with entry into a college or university training program, nor do they end with graduation from such a program. The process is almost lifelong in development and should extend into the field of practice where teachers are having day-to-day experience with children. The continuing education aspect of the process should prepare teachers to perform effectively on a continuing basis and to meet reassessment and recertification requirements.
8. The changes that are needed in the field will probably flow out of the stimulation provided by its national leadership through conferences similar to the West Point and Tucson meetings and, hopefully, more formal national arrangements, such as an ongoing Leadership Training Institute.

OBJECTIVES FOR LEADERSHIP TRAINING INSTITUTES IN THE FUTURE

The following objectives have been formulated by the present task force for the updating of leadership personnel.

These objectives are listed in the order in which, it is felt, they deserve to receive priority. However, many are considered to be of equal or parallel importance.

I. To conduct a study defining the *present status and future directions* in the area of COHI-MH as it pertains to training programs, research, and delivery systems. Information would be gathered on the following topics:
   A. Manpower needs and staffing patterns of the states to provide comprehensive educational services for all COHI-MH children.
      1. The number of COHI-MH professional personnel being trained in the teacher and leadership preparation programs at the various academic levels and the types of settings where graduates are placed.
      2. Program content and practicum experiences of the teacher and leadership training programs in the area of COHI-MH.
   B. Research conducted in the area of COHI-MH during the past fifteen years and studies currently under way.
   C. Types of delivery systems presently in use for the target populations and the emerging trends.

II. To provide a *vehicle to aid updating and upgrading of professional skills of leadership personnel impacting on COHI-MH individuals.* The leadership group includes:
   A. Teacher educators in colleges and universities.
   B. Supervisory-consultative personnel in state education agencies.
   C. Special education administrative and supervisory personnel in local school districts.
   D. Leadership personnel in public and private agencies and schools.
   E. Leadership personnel in general education.

III. *To stimulate, coordinate, and disseminate research efforts which relate to the area of COHI-MH.* Information would be gathered to determine:
   A. The gaps in research in the area.
   B. The research needed and personnel and institutions which appear to be best qualified to carry out the research.

C. Completed research in the area together with findings and recommendations.

IV. To promote *functional understanding, communication, and cooperation* with professional personnel of allied disciplines providing services to COHI-MH children. Action to be taken would relate to:
   A. The development of an understanding of the roles played and services provided to the COHI-MH populations by professional personnel such as physicians, nurses, occupational therapists, physical therapists, speech therapists, psychologists, social workers, counselors, vocational rehabilitation workers, etc.
   B. Designing the educational programs so as to maximize the effect of the services provided by personnel in other disciplines.
   C. Learning how and when to call upon the skills of personnel in other disciplines to make the educational program more effective.

V. To provide *specialized training services* to personnel in professional preparation programs, research and development projects, state education agencies, and others requiring expertise in such matters as:
   A. Proposal writing and project development and planning.
   B. Formulation and maintenance of professional standards, i.e., teacher competencies and certification requirements.
   C. Teacher education and administrative and organizational strategies.
   D. Community involvement.
   E. Design for program evaluation.

VI. To *cooperate with the Bureau of Education for the Handicapped of the United States Office of Education* in the *stimulation of planning, and development* in the area of COHI-MH. Cooperation might take the form of:
   A. Motivating personnel in the field to submit proposals for new and promising training models for this target population.
   B. Developing new projects which address themselves to priority issues of the area of COHI-MH and of the Bureau for the Education of the Handicapped.

VII. A. To evaluate the effectiveness of the proposed COHI-MH LTI in providing adequate services and in

improving the quality of such services by updating and upgrading the function of professional personnel and providing more effective models for delivery of services to the target population.

B. To relate the proposed COHI-MH LTI to other LTIs and to agencies such as the Division of Vocational Rehabilitation and to developmental disabilities programs.

IMPLEMENTATION OF THESE OBJECTIVES

To accomplish its objectives the proposed LTI would require activities relating to the following:

A. Present Status and Future Directions. In order to determine the present status and future directions of the area of COHI-MH, the proposed LTI will immediately focus on leadership needs through gathering data concerning the target population, manpower needs, teacher training programs, certification patterns, delivery systems (including the expanding populations of severely multiply disabled children), and research.

1. *Periodically study proposals* submitted to the Bureau for the Education of the Handicapped in the area of COHI-MH to obtain information relative to the number of students in teacher preparation and leadership, program components (including course and practica requirements), and recruiting efforts.
2. Survey for information from each state as to the number of COHI-MH children now being served, the number not receiving services, the number of teachers presently working in this area, training and certification levels of teachers, and the number of teachers required.
3. Secure information from each of the 50 states on:
   a) *current special education delivery systems* in the area of COHI-MH
   b) model programs
   c) personnel for expertise
   d) state plans.
4. Obtain data and examine certification *standards, policies, patterns, and trends* in each of the states.

5. Review the research that has been conducted in the last fifteen years by surveying such sources as ERIC, dissertation abstracts, American Psychological Association, allied health agencies, etc.

B. Upgrade and Update Professional Skills. The leadership of the field (teacher educators, agency leaders, state education department personnel, and local school district leadership personnel) would be polled on the upgrading and updating needs of professional personnel engaged in training or providing program services in this field. Short term institutes, special seminars, work conferences, participation in regional and national meetings of inservice educators as well as student teachers would be conducted by the proposed LTI. These activities would be focused upon the expressed needs of concerned individuals. Evaluation of the meetings would be essential to determining knowledge, perceptions, and skills of the participants and the ripple effect of the miniconferences. The proceedings of the miniconferences would be published and distributed. Follow-up reactions of the participants would also be obtained.

C. Stimulate, Coordinate and Disseminate Research, Demonstration and Program Development. The activities related to research efforts would include:

1. Identifying gaps in existing research
2. Circulating recommendations as to topics needing investigation
3. Providing technical assistance in the preparation of research proposals
4. Designing research projects
5. Encouraging student research through the use of small grants
6. Establishing an advisory panel for policy making and advocacy in research.

D. Promote Interdisciplinary and Interagency Communication and Cooperation. The activities for promoting communication and cooperation with professional personnel of allied disciplines might include:

1. The distribution of proceedings of meetings and other

materials of interdisciplinary interest to professionals in the allied disciplines as well as to private and public community groups
2. The publication of papers and monographs on the roles of the various disciplines and of community members in the educational model.

E. Advise on the Formulation, Planning, and Conduct of Inter- and Intradisciplinary Training.

1. Meetings focusing on interdisciplinary interaction, including the roles of the various disciplines in education as well as of related community groups
2. The development of an organizational model which would involve the allied disciplines more fully in the overall program.

F. Cooperate with Governmental Agencies Providing Technical Assistance.

1. Conducting conferences designed to stimulate interest on the part of professionals in the field in submitting proposals for innovative and promising training models
2. Communicating the policies and procedures of BEH relating to the submission, administration, implementation, and evaluation of development, training, research and special project grants
3. Offering consultation services.

G. Evaluate Proposed LTI (COHI-MH). An evaluation model(s) and techniques would be developed to assess the effectiveness of the proposed LTI in improving the quality of educational services to COHI-MH populations through upgrading and updating professional personnel and developing more effective models for delivery of services.

EVALUATION

The evaluation component of this proposed LTI suggests activities which will assess the effectiveness of the objectives stated. Evaluation necessitates continual internal assessment by the project staff and advisory board. The activities involve quantitative measures of production as well as subjective

judgments of quality. The staff and the advisory board will request external evaluation as appropriate.

The first objective intends that a study of the *state of the art* of COHI-MH be made. This includes:

1. A review of the research literature
2. An assessment of types of available services
3. An assessment of needs
4. A listing of current and future trends.

Evaluation of these objectives may best be made by producing a state-of-the-art paper at the end of the first phase of the project. The quality of such will be determined by an editorial board, which may be the advisory board, a special panel, or an editorial board.

The second objective is to *upgrade training, supervision, and administration.* The suggested activities include a number of miniconferences to be held for those presently involved in the field of COHI-MH or those who show interest in such activities. The quantitative evaluation will include:

1. Number of mini-conferences held
2. An assessment of the effectiveness of the conference as measured by a comparison of the performance of conference participants in tests preceding and following such conferences.

The pre- and posttest measures will be prepared during the first phase of the project. The pretest will be given prior to the conferences. In order to participate in the conference it will be necessary to have completed the pretest. Posttests will be given at the end of the conference before the participants leave.

The third objective refers to *dissemination of project information.* The suggested activities include publication of:

1. Quarterly newsletters
2. Reports of conference proceedings.

Individuals receiving such publications will receive questionnaires and surveys which will evaluate the publications on several dimensions.

The project will support the efforts of students and

faculty to obtain minigrants. The assessment of such projects will be made by a panel of the proposed LTI advisory board. Dissemination of the results of the miniprojects will also be an activity of the LTI project staff.

Communication is the fourth objective. One major activity would be the production of modules illustrating various services to the COHI-MH population. Assessment of this objective will include:

1. Number of learning packages produced
2. Number of agencies or training institutions utilizing such modules
3. Subjective evaluation made by the institution or agencies utilizing the modules.

The subjective evaluation may involve questionnaires or checklists for the users of materials. These will be developed during the first phase of the project.

The provision of *specialized training services* is stated as the fifth objective. The evaluation of this objective will be made quantitatively and subjectively. The dimensions of such may involve:

Quantitative:
1. Frequency of service given
2. Number of man-hours involved
3. Type of service given (topic)

Subjective: Quality of assistance given as judged by the clients or recipients of the service

Evaluation of the sixth objective involves reports both by the consultant and by the institution, agency, or individual receiving such aid. This will be prepared during the first phase of the project.

In objective six, *assistance* is provided *to the Bureau for the Education of the Handicapped.* This involves a similar procedure to that described for objective six, including quantitative measures such as frequency. The BEH will be asked to evaluate the training service provided by the LTI.

The activities of the evaluation component for the proposed LTI are proposed for development during Phase I of the project. These activities will be judged by the project staff and the advisory board. If necessary, changes will be instituted which will increase the effectiveness of the project.

A graphic summary of the evaluation component is provided in Figure 2.

Annual project evaluations will be made which assess the activities of all phases of the project.

Figure 2
Evaluation Scheme

Objectives	*Quantitative*	*Subjective*	*Suggested Activities*
Objective 1: Present status and future directions	X		1. Production of state-of-the-art paper
		X	2. Review by panel or board
	X		3. Publication
Objective 2: Upgrade skills of special education trainers (teacher educators, administrators, supervisors)	X		1. Number of conferences
	X		2. Pre- and posttest measures
Objective 3: a) Stimulate research, demonstration, development, and disseminate on-going and completed efforts	X		1. Produce quarterly newsletter
	X		2. Produce reports of conference proceedings
		X	3. Questionnaires to participants
b) Stimulate Research and demonstration	X		1. Award minigrants
		X	2. Dissemination of mini-projects results
Objective 4: Interdisciplinary and inter-agency communication and cooperation (professional and community groups)	X		1. Frequency of communications
	X		2. Preparation of information modules
	X	X	3. Distribution of modules
	X	X	4. Feedback
Objective 5: Training services (inter- and intra-disciplinary	X		1. Frequency
	X		2. Number of Hours
		X	3. Feedback
Objective 6: Assistance to BEH and other governmental agencies	X		1. Frequency
		X	2. Feedback of BEH
Objective 7: a) Evaluation of the proposed LTI	X		1. Frequency
	X		2. Number of people trained
		X	3. Feedback from Trainees, other participants, advisory groups, and the field
b) Relationship with other LTIs	X		1. Frequency of communication efforts
		X	2. Feedback from other LTI Participants

CHAPTER VI

Challenges to the Conferees: The Prepared Papers

RIGHT TO EDUCATION

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Some apology may seem to be due for preparing remarks on a subject so well worn as the Right to Education, the more so as I have no new theories to advance. All that I propose to do is to draw attention to some of the familiar points in a subject of concern to this sophisticated audience and to suggest reexamination of our own corresponding ideas and practices.

The Right to Education in the special education thesaurus has already become a hot phrase or merely one of the many catch-phrases.

To me, Right to Education is the second most important social action experiment mounted on behalf of exceptional children and their families in the history of our nation, preceded in significance only by statewide compulsory school attendance laws, first passed in 1852 in Massachusetts and most recently in 1918 in Mississippi. Just as a reminder, in gaining experience in implementing these laws, pedagogical pioneers and educational reformers learned some unpleasant facts of political life. According to educational historians,[1] it was discovered, among other things, that passing a law does not necessariiy get children to school; that, in the first place, in the absence of proper statistical records, there is no way of knowing whether children are attending; and that the enactment of a compulsory school attendance law does not

[1] Lawrence A. Cremin, *The Transformation of the School* (New York: Alfred A. Knopf, 1961), p. 127.

guarantee the quality of education. Even with these problems, compulsory school attendance marked a new era in the history of American education as well as having special importance for universal special education for exceptional children and youth. As a consequence of these laws, thousands of handicapped children who in former times might have dropped out of school now became the responsibility of the public school.

To me, Right to Education also establishes a very important vehicle for *all* exceptional individuals that will help them to exercise their fundamental rights as citizens and human beings: the right to medical treatment and insurance, the right not to be subjected to meaningless experimentation, the right to privacy and to marriage and parenthood, the right to work, to vote, and to have meaningful experiences, the right to travel, and above all, the right to satisfy their basic physiological, safety, belongingness and love, esteem, and self-actualization needs.

I only hope that Right to Education as a concept is not merely a semantic Titanic, doomed before it sails. Zigler states that we treat so many of our social action programs as fads: we love them too much when they are young, and we despise them too much when they become older.[2] Such was the case with the Head Start program and with the short-lived excitement over the Peace Corps. To me, Right to Education—if it is considered as a major social experiment—should serve merely as a well-fitted key to the lock of a Pandora's box filled with problems, expectations, and blessings accompanying our herculean efforts to normalize the lives of exceptional infants, toddlers, children, youth, and adults.

We tend to think of Right to Education as a very recent phenomenon in the history of our nation. Thus, it is often associated with the civil rights movement, or with the 1954 Supreme Court decision in *Brown v. Board of Education of Topeka*, or with the 1972 U.S. District Court decision in *Pennsylvania Association for Retarded Children, Nancy Beth Bowman, et al. v. Commonwealth of Pennsylvania, David Kurzman, et al.*, or with the 1972 Federal District Court decision in *Mills v. Board of Education of the District of Columbia.* Actually, the idea itself is much older. Recall

[2]Edward F. Zigler, "Child Care in the 70's," *Inequality in Education*, 13 (December 1972): pp. 17-28.

Horace Mann's plea for popular education for all children in 1846:

> The will of God . . . places the *right* of every child that is born into the world to such a degree of education as will enable him, and, as far as possible, will predispose him, to perform all domestic, social, civil and moral duties, upon the same clear ground of natural law and equity, as it places a child's *right*, upon his first coming into the world, to distend his lungs with a portion of the common air, or to open his eyes to the common light, or to receive that shelter, protection and nourishment which are necessary to the continuance of his bodily existence.[3]

In May of 1954, the United States Supreme Court reconfirmed Horace Mann's position by stating in its *Brown v. Board of Education* decision:

> Today, education is perhaps the most important function of state and local governments. Compulsory school attendance laws and the great expenditures for education both demonstrate our recognition of the importance of education to our democratic society . . . . Today it is a principal instrument in awakening the child to cultural values, in preparing him for later professional training, and in helping him adjust normally to his environment. In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity, where the state has undertaken to provide it, is a right which must be made available to all on equal terms.

Right to Education, as an integral part of the universal human rights, measures the *qualities* of human beings as *human beings*, or as individuals of the human race. It is attached to the human being wherever he appears, without regard to time, place, race, sex, parentage, abilities, or environment. Right to Education is really the *keystone of the dignity of man.* It consists basically of the one all-inclusive right or enabling quality of complete freedom to develop to their fullest possible extent every potential capacity and talent of the individual for his most effective self-management, security, and satisfaction.

[3]Quoted in Lawrence A. Cremin, *The Republic and the School: Horace Mann on the Education of Free Men* (New York: Teachers College Press, 1960), pp. 63-64.

Lippman and Goldberg[4] state that attitudes, expectations, even values are in a state of rapid change in the United States today. They indicate that what was long taken for granted, as for example, the right to education, is now questioned and challenged. The accepted ways of implementing universal human rights are no longer accepted tacitly. People are asserting their rights—as women, as students, as members of ethnic minorities, and as physical and behavioral "deviants." Those who cannot speak for themselves, such as children and the severely handicapped, have attracted spokesmen. In fact, partnership of advocacy is taking form among parents of the handicapped, educators and other professional workers, and the new breed of public-interest lawyers.

Furthermore, the partners are operating in a new arena: the courts. Litigation is not a substitute for all previous forms of social action; it is, rather, a major addition to the armamentarium of those who would obtain more effective services for the handicapped. The Pennsylvania Right to Education decision, although only one year old, has already had substantial national impact.

In reference to the work of Lippman and Goldberg mentioned above, it should be noted that on May 5, 1972, the United States District Court for the Eastern District of Pennsylvania ordered that the Commonwealth of Pennsylvania:

1. Provide, as soon as possible but in no event later than September 1, 1972, to every retarded person between the ages of six and twenty-one years as of the date of this Order and thereafter, access to a free public program of education and training appropriate to his learning capacities;

2. Provide, as soon as possible but in no event later than September 1, 1972, wherever defendants provide a preschool of education and training for children aged less than six years of age, access to a free public program of education and training appropriate to his learning capacities to every mentally retarded child of the same age;

3. Provide notice and the opportunity for a hearing prior to a change in educational status of any child who is mentally retarded or thought to be mentally retarded;

[4] Leopold Lippman and I. Ignacy Goldberg, *Right to Education: Anatomy of the Pennsylvania Case and Its Implications for Exceptional Children* (New York: Teachers College Press, 1973).

4. Re-evaluate the educational assignment of every mentally retarded child not less than every two years and upon such re-evaluation, provide notice and the opportunity for a hearing.

Let me hasten to say that the Pennsylvania court decision is a crucial part—but still only a part—of the movement toward equality of opportunity for all handicapped children and adults.

Despite many ringing declarations of human rights principles over the centuries, education was for many years intended to serve but a few. It was considered as a means of attaining the good life for these selected few. Recall Plato's argument: In order to talk about the good life, we have to talk about the good society; and in order to talk about the good society, we have to talk about the kind of education that will bring that society into existence and sustain it. Hence, there is no vision of the good life that does not imply a set of educational policies; and conversely, every educational policy has implicit in it a vision of the good life.[5] Recall too, however, that Plato excluded the handicapped from participation in the good life. In his *Republic*, he suggested that:

> . . . the best of either sex should be united with the best as often, and the inferior with the inferior, as seldom as possible; and that they should rear the offspring of the one sort of union, but not of the other, if the flock is to be maintained in first-rate condition . . . . *The offspring of the inferior, or of the better when they chance to be deformed, will be put away in some mysterious, unknown place, as they should be* (italics mine).[6]

It has been said over and over again that all of Western philosophy has been a series of footnotes to Plato, and certainly in education this has been the case. Every major philosopher since Plato has written on education, and every one of them has been influenced to some degree by Plato's insights. I sometimes wonder if our Western society has followed Plato rigidly in viewing special education facilities merely as the "mysterious, unknown places" where "offspring of the inferior, or of the better when they chance to

[5] Lawrence A. Cremin, *The Genius of American Education* (Pittsburgh: University of Pittsburgh Press, 1965), p. 2.

[6] B. Jowett, *The Republic of Plato* (Oxford: The Clarendon Press, 1888), pp. 153-54.

be deformed," are put away. One of the things that disturbs me even more is the attitude of some of our colleagues in special education toward, for example, the institutions for the mentally retarded. To many of us, these residential facilities have been literally "mysterious and unknown places" until recently, when television brought a glimpse of them into our homes. Nevertheless, many of us have insisted for years that those handicapped children who did not respond to our special education treatment should be put away in these mysterious and unknown places.

Although the means of expression may differ, I believe that professional special educators and parents of handicapped children share the same feelings of dismay and disgust at the way some exceptional children are treated. Parents are tired of discussion and speechmaking which go nowhere. They are annoyed at attending meetings where the minutes are preserved while the hours are wasted. They want action, and they want it now.

Kenneth Wyatt mentioned in his presentation at the Tucson COHI Conference that special education is becoming as vulnerable to attack as regular education has been for some time. All of us have witnessed a series of harsh attacks on special education from within and without the field, and some equally strident replies. At the risk of appearing in the self-serving role of the sick patient offering a cure for his own disease, I suggest that frustrations over the failure to solve serious problems in the delivery of educational services to exceptional children and youth are grievously misplaced when they are expressed primarily in hostility against special educators. It is folly to blame special educators for the antiquated and unfriendly system that denies full educational opportunities to exceptional children when it is a fact that special educators inherited that system. Pointing the finger at special education reinforces the ancient practice of abusing the bearer of bad tidings, rather than instituting remediation of a bad situation. In other words, the critics see the system floundering and tend to blame the character, dedication, and skills of special educators rather than the sytem under which they work. As Kenneth Wyatt also indicated, special education is no longer immune to the accountability measures that are being applied to other sectors of education in the United States. Is accountability just another catchword or indeed a solution to special education problems?

Although we are still groping with related issues, several generally accepted elements seem to underlie the accountability concept in special education:

1. We know our emerging target populations;
2. We know what is "education" and what is "special";
3. We can obtain general agreement on which educational outcomes are important;
4. We can measure these outcomes in a satisfactory way;
5. We possess an effective system of incentives and sanctions that enable us to assure that educational goals are attained.

In general education on the other hand, there is very little agreement as to what the schools are to be accountable for, because different groups in society have different visions of what the schools are supposed to do. Some groups believe schools should concentrate on discipline and other attributes that will enable a child to fit into a highly structured society where he will have to take orders and obey regulations. Others believe that decision-making skills and learning how to think are the desired goals of the educational system. Still others see a central place for music and arts in the curriculum of the school, while equally qualified contemporaries view these as expensive frills that are not justified in a publicly supported setting. According to the logic of accountability, not only must the desired educational outcomes be specified, but they must also be measurable; that is, the only way that we know whether objectives are being achieved is to have some valid indicator of how well the schools are doing. The Right to Education concept implies not only physical access to education but access also to quantity and quality.

One of the many educational myths is that people learn when and what educators want them to learn. On the contrary, people learn what they want to learn, when they want to learn it, and in the ways they want to learn it. There is no simple, guaranteed correspondence between what we intend to teach and what is learned. I do not think that it is possible to determine ahead of time the full nature of our results. There is a great discrepancy, I think, between what the educator thinks he is teaching and what his students learn or choose to learn from the experience. To find out what is really going on, one has to talk to the client. It is not much

good to study only what an institution says it is doing for people.

What is education? Are we satisfied with a definition of education as simply that which goes on in schools and colleges?

Cremin views education as "the deliberate, systematic, and sustained effort to transmit or evoke knowledge, attitudes, values, skills, and sensibilities."[7] As a special educator, interested in implementation of the Right to Education mandate for *all* exceptional individuals–infants, toddlers, children, adolescents, and adults–I feel strongly about the importance of broadening this view. May I suggest that we look at education, as the expert witness did in the Pennsylvania Right to Education case, as a "continuous process of developing life skills (or physical, emotional and social survival skills) needed for effective coping with developmental tasks and demands, as well as with the environmental tasks and demands." The process of education, so defined, takes place partly through some structured or deliberate efforts and partly through some accidental teaching-learning situation, as well as through educational agencies other than schools in our society. Inherent in this definition, of course, is a basic respect for the individual and his ability, as minimal as it may be, to grow and learn as he develops an awareness of, and pride in, himself and his abilities.

To borrow from Cremin,[8] we need to realize that many agencies of education in society are engaged in this continuous process called education. Nothing is more deliberately educational than a one-minute commercial aimed at selling a child a particular toy or breakfast cereal. Every family is engaged daily in a sustained effort of intentional and non-intentional education. Every church or synagogue, museum, newspaper, TV station, or any other educational institution in the country is engaged in deliberate efforts of education. "We have blinded ourselves," says Cremin, "to the point that we believe the school has effectively taken over the educational efforts of the community."[9] We, therefore, turn to the schools when we want something taught, without realizing

[7] Lawrence A. Cremin, *American Education: The Colonial Experience, 1607-1783* (New York: Harper and Row, 1970), p. xiii.

[8] See John Westerhoff III, "Freeing Ourselves from the Mythmakers," *Perspectives on Education*, Winter–Spring 1972, pp. 24-32.

[9] *Op. cit.*, p. 27.

the options that are open to us. At the same time, we attempt to teach attitudes in schools without realizing that they are also being taught in other places, perhaps more effectively.

Our greatest educational myth is the association of education with schooling. They simply are not synonymous.

The new era of the Right to Education requires a well-educated teacher. To me, the successful teacher is one who has the capacity for reaching students as individuals. The architect, the lawyer, and the physician usually serve their clients or patients by doing something *to* them or *for* them; the teacher who ensures to his students the right to education works *with* them. I believe that the teacher is a practitioner, an artist, and an engineer who strives to help children learn. If he is to work effectively with handicapped children, the teacher must know something of the ways in which children mature, how they learn, what motivates them, and how physical, emotional, and social factors influence learning and teaching. The teacher must know as much as possible about the nature of learning, the ways of motivating students, and the teaching techniques suitable for them. Just as a civil, chemical, or electrical engineer who is concerned with building bridges, streets, and machines must base his procedures on mathematics and the basic sciences of physics and chemistry, so a teacher should direct his methods and procedures according to principles and laws that are psychologically sound. We make a distinction between an engineer and a mechanic. A mechanic may be only a tinkerer who tunes up engines by rule-of-thumb methods, without understanding the basic principles of the gasoline engine. An engineer, on the other hand, having studied the sciences basic to his art, is able to meet new situations and to adapt his materials to them.

Furthermore, teachers who work toward preserving the Right to Education are complemented by teacher educators, supervisors, and administrators who, we assume, understand the intricate and intertwining elements of special education. They need aid from the various disciplines concerned-persons to whom they may refer pupils and by whom they will be challenged in give-and-take discussion to promote professional perspective in their efforts to help children grow.

The Right to Education, if it is implemented, will bring into our special education orbit those students who were

previously considered as not having the necessary academic potential or as being incapable of acquiring even the basic life skills for community living, or as not coming within the traditionally prescribed age for education. Many special educators had never before seen them; if they did, it was on TV. They were invisible.

Remember Ralph Ellison's *Invisible Man*, written twenty-five years ago: "I am invisible . . . I am a man of substance, of flesh and bone, fiber and liquids—and I might even be said to possess a mind. I am invisible, understand, simply because people refuse to see me." The narrator adds that his invisibility—and he means his invisibility as a person, an existing consciousness—is due to the construction of the inner eye of those with whom he comes in contact. Sometimes he doubts, he says, if he really exists, or whether he is simply "a phantom in other people's minds. Say, a figure in a nightmare which the sleeper tries with all his strength to destroy . . ." [10] The handicapped child is invisible as a living and unique human being because more often than not instead of looking at *him* we look at his tag. Unfortunately, his tag assigns him to a faceless, mythical group called "the retarded" or "the cerebral palsied" or "the deaf" or "the crippled."

The Right to Education will also bring into the orbit of special education a greater number of desperate and confused families of the severely handicapped than we knew before. These families must be involved not only as supplementary helpers to teachers but as participants in every step of the educational decision-making process for handicapped students. If educational objectives are mutually agreed upon by both the parents and the teachers, then there are more possibilities of intermeshing the skills of parents and teachers in implementing these objectives. While children with disabilities may pose challenges to professional people, they pose problems of infinite complexity to their families. To me, mental retardation, COHI, ED are primarily problems in human terms. I try to see these as family-centered problems affecting the lives of all the family's members.

There is little question that a family with a handicapped child faces many problems; these may occur in the marital relationship, in the interaction between parents and their handicapped or nonhandicapped children, or in the relation-

[10] As quoted in Maxine Greene, "Existentialism and Education," *Phi Delta Kappa Beta Data*, 1 (February–March, 1969): pp. 1-2.

ships between the handicapped child and his nonhandicapped siblings. It may be hypothesized that a handicapped child in the midst of a primary family unit may impair the development of healthy relationships among the members of this unit, rendering the whole family unit handicapped. It may be further hypothesized that the handicapped family unit in turn interferes with the successful adjustment of the handicapped individual, creating a vicious cycle. One of the biggest problems of the handicapped family unit is to find ways and means to maintain or restore the normalization of its life space. I believe that the normalization of a family unit may be analyzed into a series of well-defined objectives that can be implemented by the school and the home working together as an educational team.

American education, after more than a decade of tremendous expansion, is being shaken by a pervasive financial crisis that is prompting a broad reappraisal of what schools and colleges are doing—and why. The fiscal crisis is permeating all levels of education, in both the public and private sectors. It is not a question of whether the schools and colleges will survive, but rather one of survival in what shape and to what end and at what human and financial cost.

At precisely a time when the fiscal demands on public schools throughout the country appear to be beyond presently available resources, the system is also under powerful attack on the grounds of not fulfilling the constitutional right of citizens to an education. An old and sensitive and complex issue of equity—of truly equal educational opportunity—has been vigorously joined in the courts, the legislatures, and the public arena.

The combination of these two forces—mounting financial crisis and a concerted drive for the Right to Education, or Zero Rejection—has enlivened the prospect for major fiscal reforms that could affect the caliber and availability of education. School problems "are as much managerial and financial as they are questions of educational philosophy." [11]

In my presentation, I have noted the background of the Right to Education movement and the implications of that movement for:

1. Accountability and diverse educational objectives;

[11] U. S. Commissioner of Education, John R. Ottiner, as quoted by *Time* March 19, 1973, p. 48.

2. The learning process and our attempts to impose teaching upon the learner;
3. The educational team;
4. The nature of the teaching effort and the teacher;
5. The range of exceptional children admitted to special education;
6. The role of the family in special education;
7. The current fiscal crisis.

This conference faces the formidable challenge of creating the teaching and leadership conditions that will produce a COHI-MH program that, in quality and quantity, will guarantee to the crippled and other health impaired their Right to Education. In performing the critical task of formulating training programs and the conditions under which COHI-MH teachers and leaders function, you cannot escape the gathering momentum of the movement to extend and protect the rights of the handicapped. Therefore, your deliberations will have to take into account the meaning for teacher and leadership training in the field of COHI-MH of:

1. The Zero Reject Model, which seeks to provide formal education for all COHI-MH children;
2. The essential requirement that *all* educators deliver high quality services to *all* exceptional children;
3. The fact that in times of budgetary constriction, more funds than ever will be needed to safeguard the Right to Education.

Government alone cannot do the job. Voluntary agencies and parents will have to join government in shared responsibility. As my colleague and friend Herb Rusalem will tell you later in this conference, the Right to Education respects no age or interest barriers, and continuing education is the education of the future.

In closing, may I urge you not to dwell upon the question whether our educational efforts for handicapped individuals are better today than they were yesterday—they *definitely* are—but rather on whether they are good enough for the time in which we are serving.

THE IMPACT OF THE CHANGING SOCIAL SCENE

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"Change is the phenomenon of tissue stirring against the evolving circumstances of the universe. We rise when we help such tissue to respond. Then we fall when we deny the circumstances themselves." That quotation from Noel Coward's *Brief Encounter* is probably one of the most moving ways of launching our present topic. For in fact we are tissue moving against some circumstances totally beyond our control. They are the reality, and, we, I think, have the unique challenge, which is not of our choosing, of either rising or falling. It is that simple.

The challenge may best be seen in terms of the realities of social change, which include the issue we seem to have missed totally. If we point to competencies as an end unto themselves without tying them in with needs that are the most immediate, then we fail in meeting our own commitment to those actions for which we will be accountable. As Coward warned, life is the process of moving toward a greater and greater cheapness, a greater nonvaluation. Representatives of the National Advisory Committee, too, have spoken of this in their contributions toward the development of this statement. In looking through legislative action, through regionalization movement, through decentralization productivity, the committee has concluded that we can never become advocates for the COHI-MH populations unless we know those actions, consciously and rationally, for which we will be accountable. Competencies lead to rational decision making and there is no choice of whether or not we *will* do it. There is simply the commitment *to* make such rational decisions.

Consequently, let me simply indicate the social change dimensions. There are four which I think that we primarily need to assess.

First, we need to realize that social change is and becomes the context of our actions. If we as a professional

group do not understand the phenomena—what they look like, what they are all about—we cannot answer the critical questions. For example, are we in question about revenue sharing; are we in question regarding valuation of handicaps? Whatever it is, whatever the process, then let's ask the question. If we don't know what our questions are, let us so indicate in our documents; because the reality is that the teacher out there knows. Who knows most about social change? The parents, at this moment. They are monitoring it most; they are aware of it most; they are acting upon and reacting to it most, particularly the new funding practices, the new legal patterns.

The second dimension is that the context of our actions—social change, in fact—becomes the reality the moment it occurs. These are the realities; these are the heres and nows. They are listed in the document. They go on and on. The reality is that higher education at this moment is not what it was two years ago. We *know* what it is going to look like two years forward: we know it from the federal commissions, from the President's Commission on Higher Educational Reform. All the testimony and all the data are in. The commission is committed to a document to be delivered to Congress that maps the future of higher education in America for the next twenty-five years, and yet we are fighting with the commission to "save a role for higher education as it is presently known by us." Some of the realities are the external degree, the open university, the real life experiences, the equivalencies movement, the associate degree, and the paramedical degree. Within the realities, there is little choice.

Third, we must be aware, in terms of the social change component, of the effects of the realities of social change upon our actions. Some of our actions have changed; we may be going back to the increments of the past when in fact we need to project ahead. In response to these realities, these immediacies of social change, we will need to specify and indicate "point one," "point two," "point three" . . . That is leadership. Without it there is no "point one," and I fear we may have parallel tasks to address ourselves to. We may have to undertake the task of professionalizing at the same time that we have the task of responding. Yet we must respond, I think, in order visibly to project a role, or no one will give us support to do anything. No one will give trust in a vacuum.

Trust is given to develop leadership out of those positive statements that identify the effects of social change upon us: through such expressions we will respond.

Fourth, and finally, we need, in fact, to look to two levels, two levels that are parallel, too. They are very difficult to identify and express in every professional group; therefore, we should not feel uncomfortable. We cannot deny the existence of the leadership group, if in fact we mean to be such. We cannot deny that we must operate on two levels, one the philosophical level, the other the here and now. The philosophical level projects us into the realm of professionalizing, gives us a basis for action within which philosophical premises lead to theoretical assumptions, to postulations, to formulations, and so on. While we do that, the here and now comes into focus: the immediacy. That immediacy is outmoded tomorrow unless the philosophical commitments are here at the moment; and both are essential, so it is not an 'either-or.' As a group, we appear to have difficulty in making the commitment, in expressing it as our commitment. We need to say, "These are our philosophical concepts; this is what we believe in." Whatever we do—whether we do it from the viewpoint of epistimology or from the basis of knowledge about COHI-MH or from axiological values, whether we do it from the esthetic or from the humanistic viewpoint—however we do it, we must bring to it a series of assumptions, a series of formulations, and a series of alternative positions. Therefore, we really should not be hung up by any one particular process. We should immediately formulate six, seven, eight, nine assumptions and alternatives, based not in the here and now, which will be dead tomorrow, but projecting toward the future.

Next, the teacher education component will be viewed in terms of these four basic realities of social change.

Teacher education, as we know it, is dying—in fact it is dead. Some of us are holding on to it. Within the next five years you will see colleges, schools of teacher education closing; you will see mergers, you will see consortia, you will see all kinds of specificities brought to what one university does as opposed to another. As teacher education is presently organized, some of us are happy it is dying.

Second, the vitality needed in teacher education, all of teacher education, is in the alternatives that are being infused from external forces, not by internal leadership. For exam-

ple, you can now obtain your degree through any number of arrangements, such as real-life experience, looking at television, telephone learning, or travel. Through the realization of potential alternatives, we are beginning to think about social change. Higher education is changing as we know it; competency and teacher education within higher education is dying as we know. The unions, the professional organizations, the associations themselves are saying, "We will do it." Speaking for the profession, I maintain that the university cannot train the educator, it must be done by the professional in the field, the peer, the teacher himself, the teacher herself, the community. We have new formulations in teacher education, higher education changing teachers education, evolving into alternatives: where are we?

The development of this conference was first conceptualized as a move toward a kind of dream. The reality is beginning to evolve through the power and magnificence of COHI-MH leadership involvement. If COHI-MH concerned individuals can assert leadership in response to some of the problems and issues stated above, we are ahead of the game. If not, there will be nothing left for us because subcontracts will be awarded to all kinds of other people to do what we have marked out as our commitment: what we will and can do and will be accountable for doing.

Third, we need to look to ourselves for our survival in our unique role(s). Because, unless we have a unique role as professionals, we will not receive the subcontract. It is essential that we know what we are going to do differently from the physician or the social worker or the therapist or other professional specialist. It is to this unique role that we must commit ourselves. Without that commitment no one is going to come to us.

Lastly, we need to absorb reality and to practice it. We need to realize that the action in the field is a process of coequal participation of the professional community, the parent community, the school community, the field-base community, the critical setting in tackling the problems of the handicapped. We must begin by planning with them as equal partners, absorbing their realities, their sentiments, and the processes that are now in operation. We need to translate those realities into practice and not go back to Genesis each time to discover what is in the book. As a field, we need to come into this century and not constantly revert to earlier times.

The challenges to COHI-MH, then, are three:

We need to be specific regarding the meaning of social change as related to teacher education and regarding the services related specifically to COHI-MH deliveries. Specifically, we need to know *how* to say that we need funds to do what needs to be done. We need to know what we feel confident in undertaking and what we will be accountable for doing. We need to know why *we* want the contract to do something. We need to be specific about the way we will be engaged in cooperative relationships with nursing, medicine, pediatrics, and other specialties in terms of the following: First, we need to know what the nature of our diagnostic processes are (even if we cannot diagnose, we need to know why we cannot). Then, we need to know our assessment processes. Third, we should know our intervention processes, and finally, we need to know our evaluation processes. Unless we know them, and then say what we need in order to function according to them, we do not appear to have a role in higher education at the moment.

We need to formulate models for teacher education for the COHI-MH populations. In other words, we need to say that out of our assumptions regarding social change, out of our sense of the realities of the universe, the realities of this tissue about which Coward spoke, out of our unique function, out of our special competencies, out of our accountability commitments, moral and ethical, *this* is the model we need to educate preservice and inservice personnel. Unless we assert ourselves with that kind of leadership dynamic, we are not really going to be a visible field.

We need to use the data from social change and teacher education change. We need to translate those data into practice in the field of COHI-MH. If we start to use practice as a COHI-MH credo, our practice is going to be based upon data from social change, data from teacher education and higher education change. Such practice needs to be preceded by philosophical commitments. If as professionals we are not hygienic enough to commit ourselves in advance of practice to action that is based upon assumptions within our own gut, then we will always be perceived as vacillating.

We need to anticipate the next round of social change. We need to be leaders of, not directed by, social change. We need vision first, and vision does not project the moment; it projects toward the future. Our thinking needs to be on two levels: what is here and now and where that here and now

becomes our tomorrow. Then we design our practice. The practice that is designed in a vacuum becomes the target for tomorrow's social change. Those who say the university cannot do it, the teacher cannot do it, the schools have failed, will say the same thing tomorrow, unless we predicate our actions upon the above.

Since I began with a favorite quote, let me conclude with probably my special favorite, a beautiful passage from Thomas Mann's *Magic Mountain*: "Sight is man's window to reality, vision is his thinking beyond those first images he beholds. Greatness is his fate in his sight, his awareness of his realities, in his trust, in his actions." To direct our actions, to shape our sights, to deny not our realities, we need intellect to guide our vision. In short, I guess what we need is to pray for greatness.

CONTINUING EDUCATION

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Critical issues are developing around the funding and administration of vocational rehabilitation in the United States. This situation is of crucial importance to us, because in not too many years the children in whom we are now interested will be seeking and receiving service under Vocational Rehabilitation provisions. A number of provisions of the Vocational Rehabilitation Act of 1973 bear directly upon the children in whom we are interested. For example, one of the parts of the Act calls for demonstration "independent living" programs which concern services for people who are so severely disabled that they probably are not going to engage in remunerative work. That sounds very much like our problem of continuing education for disabled school-leavers and graduates, an essential aspect of special education for which we are being held accountable.

In our attempt to demonstrate the outcomes of special education, we have relied upon such yardsticks as achievement test scores, the number and percentage of children returned to regular education, the dollar savings achieved by reason of helping children to avoid institutionalization, and testimonials of parents, educational administrators, and the public.

Although each of these criteria has value, we may expect mounting pressure to turn an evaluative mirror upon our former graduates: to determine the impact of special education on their careers. This is relatively new for the field, because just a decade ago special education functioned as though human development stopped at the sixth grade. Today we behave as though it stopped at the twelfth grade, or at age twenty-one. Commonly, the school door closes behind the departing exceptional individual at the end of the twelfth grade or even earlier, and the school's interest in him comes to a grinding halt. We have given him the benefits of our services, and now he is on his own to make his way

with the preparation we have provided. Or hopefully, someone will look after him once he has left the school. Thus, special education traditionally has dissociated itself from the exceptional student's postschool experience. To all intents and purposes, we still are deaf and blind to what is occuring to our graduates in the community.

Consequently, it may be timely for us to look at the life-style of the severely limited special education graduate. Assumptions of postschool self-direction and independence generally are more valid for mildly and moderately handicapped individuals. For this group, there is vocational rehabilitation, often leading to employment; various communitywide social and vocational opportunities, and more general acceptance in community social groups. If they have the qualifications, less limited graduates are admitted as regular students in colleges and universities and participate freely in adult and community education programs. But the severely disabled, those children in whom we are most interested—the homebound, the multiply handicapped, the perceptually impaired, and the very severely physically handicapped—enjoy these advantages to a far lesser degree.

Rusalem and Rusalem are studying the creative adaptation of severely disabled adults to unsheltered society. They are looking at 200 cases of wheelchair-bound or bedbound, neighborhood-bound, physically limited individuals, each of whom has made a frontal attack upon the limitations imposed on him by the environment. By using ingenuity, creative solutions, dynamic personality attributes, perseverance, and constructive help from friends, family members, and community agencies, they have made substantial achievements. These achievements should be viewed in the context of their very severe and multiple limitations and the fact that most of what they have accomplished came about through their own efforts. By every yardstick, they are an extraordinary group and their solutions are individual, creative, and practical. Through personal ingenuity and drive they have extended the boundaries of their lives. In many cases, they are perceived in heroic proportions by their nondisabled contemporaries.

In this sample of 200 people is an English baroness who became the first person in a wheelchair, with minimal hand and arm movement, to adopt and rear two children after acquiring her disability. In filling this role, she has developed

some very functional strategies, including the design of a pram in which she wheeled her two children, despite being wheelchair-bound. One of the men studied was in a wheelchair due to muscular dystrophy. Despite his multiple handicaps, he developed his own fishing tackle firm, where he now employs sixty people and advertises widely that he gives preference to the handicapped. A third person is a student at Teachers College who had been in an institution for the chronically ill since early childhood with a virulent form of arthritis. She finally left the institution when she was about forty years of age, after some thirty years of residence there dependent on welfare for her support; she did not let financial problems deter her nor the fact that she has virtually no hand movement, is in a wheelchair, has a rigid spine, has to be fed, and has very little head movement. After leaving the institution, she earned her B.A., is now finishing up her master's degree, and has served as a course assistant at Teachers College. A fourth person had respiratory bulbar polio which left him a quadruplegic, totally disabled from the neck down. This individual now maintains an electronic consultant engineering firm from his home and employs a rather sizable staff.

These highly successful severely disabled adults are the ones about whom we hear the most. They have high intelligence and are infused with hope and desire. It is significant that most of them have the support of key interested people in the community and an extraordinary degree of creativity. They epitomize the traditional American ideal: that an individual progresses by his own effort and is responsible for himself. Their outstanding adaptive mechanism is compensation, often manifested in a very frantic, single-minded, and persistent drive for self-sufficiency. Perhaps, ninety-nine percent of what the public and special education knows about severely handicapped adults derives from this one percent of the severely handicapped population; the other ninety-nine percent are not like this at all. It is to this latter group that I would like to direct the attention of special educators.

This larger, less well-known group includes many multiply-involved cerebral palsied individuals, the homebound, the neighborhood-bound, the institutionalized, the unemployed, and the unaffiliated and alienated physically limited. They constitute the bulk of the population of severely disabled

out-of-school youth whose characteristics commonly include an incredible rate of unemployment. Those who are employed are in low-paid, routine, and dead-end jobs in industry or, more commonly, in sheltered workshops. Most of them live out their lives in poverty, suffer continuing widespread social rejection, and experience unremitting neglect, and disadvantage. Many of them live under the threat of institutionalization, because family and community supports could be pulled out from under them at any point. In many cases they are sustained in the community primarily by dedicated family members; if anything happens to these family members, they are rendered vulnerable to possible institutionalization. They often lead TV-dominated lives, with few opportunities for interesting and rewarding leisure and are usually under some form of government support, welfare, social security, or handout. They are coping as adults with problems that they cannot solve alone, and they have few external resources available to them. Unfortunately, the schools tend to disengage services from them, and vocational rehabilitation personnel usually view them as poor risks. Even if rehabilitation accepts them for service, it is usually for relatively brief periods of time, subsequent to which, they usually are on their own again. Thus, there is no adequate educational program available for this group. Consequently, the sum and substance of their lives, day after day, is that of meaningless interaction with an unsympathetic and unresponsive environment.

The Rusalem and Rusalem study (in preparation) suggests that the central question that arises for special education: of what consequence are the years of effort and high cost of educating these severely disabled people if at the end of the road lies an unproductive and unsatisfying life role. Special education used to sidestep this issue by saying it was someone else's problem. In this view, special education has done its job, had carried out its responsibility toward the severely disabled, when schooling was completed; the responsibility then passed to other social institutions. Such evasion of involvement with the severely disabled adult is no longer tenable. Increasingly, special education is being held accountable for the outcomes of serving this group. It can no longer be assumed that the educational function necessarily ends at age eighteen or twenty-one. As the waves of severely disabled children pass through elementary and secondary

school and then out into the community, they too are beginning to express their disenchantment with what special education has done for them. Furthermore, rehabilitation personnel, employers, and family members are sending us messages about their perceptions of the inadequacies of special education graduates.

Social action groups of disabled persons are especially penetrating in their questions about the education that they received and are asking for changes in special education programs. In the Rusalem and Rusalem sample of successful handicapped adults to whom earlier reference was made, virtually none of them credited their special education experience with making a major contribution to their current successful status. Two aspects of this problem should be of particular concern to special educators and to the colleges and universities that train special educators:

1. Revisions are needed to make special education more relevant to adult functioning;
2. There is a need for extending special education into the adult years.

Several factors impinge on the kind of additional and revised programming that is needed: First, severely disabled adults worry a great deal about their limited reading skills, and they blame educators for their present low reading achievement. Perhaps we are doing all that we can with the severely limited reading potential of these people, but there is need to reexamine our reading programs to ascertain if they are adequate. Furthermore, based upon some limited experience in providing postschool reading instruction for these people, there is reason to believe that reading instruction based upon learning capacities concepts should be made available throughout the adult years.

When revising reading procedures, it should be kept in mind that reading is one of the paramount concerns of this population; these reading handicaps limit job possibilities and foster self-devaluation. Perceiving themselves as nonreaders, these seriously limited people engage in a variety of defensive mechanisms to conceal the deficiency. In many cases, their safety on the streets, their job efficiency, and their capacity to cope with the environment depend upon their being able to read on a functional level. In addition, many of them are

denied significant information and enjoyment that derive from facile reading.

Career education is a second programming area that calls for extensive revision. With few exceptions, vocationally-oriented curricula for severely disabled students in the elementary and secondary schools are weak and inchoate. Traditionally, special educators, with the possible exception of those working with the mentally retarded, have tended to remain aloof from vocational concerns. Because of the necessity of spending about ten percent of vocational education funds on handicapped students, vocational educators and special educators are being called upon to work together more closely. Unfortunately, there are some real problems.

The elementary schools have traditionally been dominated by social and academic programming at a time in a handicapped child's development when vocational programming might have been most effective. Despite increased emphasis in special education on vocational concerns, preliminary surveys suggest that the large financial expenditures on vocational programs for handicapped students have not been entirely productive. Both special educators and vocational educators are openly critical of each other in this area. An analysis of the strains that exist between special and vocational educators indicates that we are not necessarily the good guys and vocational educators probably are not the bad guys. The fact is that, in most instances, special education has been ill-prepared for this partnership. While vocational educators talk in hard-headed terms about specific skills related to employment, special educators tend to persist in broad generalizations stressing the belief that everything we do is vocational education to some extent. This may be true, but the current practical need is for concrete preparation for the world of work, something we are now doing.

The third special education area requiring revision is school-based guidance. Presently almost everyone connected with the exceptional child gives him and his family guidance. Unfortunately this frequently is a seat-of-the-pants service performed by well meaning people, often special educators, who have been prepared inadequately, if at all, for this function. Guidance constitutes a specialty in service to the handicapped that has its own body of knowledge and its own techniques. Yet few special educators acquire this knowledge and master these techniques in either their preservice or

inservice training periods. For example, to our knowledge there is only one graduate level, special education-sponsored university training program for those preparing to serve as guidance counselors or counselor-teachers for the handicapped—just one in the country (at Teachers College, Columbia University).

The fourth area where revision is indicated is in that of community involvement. Severely handicapped former consumers of special education programs often feel that special education classes for the seriously disabled are unduly segregated. As they recall their educational experiences, these adults attribute some of their current social isolation to their limited participation in the school as well as in the larger community. They feel that special education is glib about community involvement but is not really well trained or motivated to bring it about. For example, they think that special educators are inclined to accept the demeaning and disabling aspects of the present social structure for the severely handicapped, attempting slowly to bring about change through education, persuasion, goodwill, and restraint. These disabled adults maintain that recent history shows that rational and gradualistic approaches yield limited benefits to minority group members. As they observe other groups making progress toward the attainment of greater community acceptance, they envy the militancy of those who lead these movements. Therefore, they conclude, special educators should be trained to function as social activists on behalf of their students. Yet few, if any present special education students, are being trained in this way. Even though we have been told that we are in danger of having our funding reduced, and that special education programs in a categorical sense may be wiped out as such in the mad rush for generic programming, we continue to sit on our hands. No special education personnel seem to be manning the barricades. We have no demonstrations, no sit-ins, and field work stoppages when we are thwarted. Yet there is real current peril to educational provisions for handicapped persons. If advocacy is occurring at all, it seems it is the handicapped adults and their families who are taking the lead while most special educators are assuming a passive posture. Severely handicapped adults are concerned about this and want us to train more aggressive socially active special educators.

A fifth area in which revision is called for is secondary

programming. Severely disabled adults seem to understand and accept most of the present elementary level curricular emphases for handicapped students. But they are sharply critical of much of our secondary level programming. They see secondary schools for the handicapped as carbon copies of the regular secondary school, and they deem this to be inadequate. They claim that the disability experience during adolescence has special features that require special curricular provisions. For example, they feel that what we have learned about work-study programming in relation to mentally retarded students should be applied to homebound and other severely handicapped students. In addition, they are asking for more preparation in the leisure area: in hobbies, games, social functions, TV, reading, conversation, and crafts. Much of what they received in this area as students was, they say, a time-killer. Therefore, they are asking for an organized leisure education program, with learning planned in a social content. For example, they say, the school should actually conduct an in- and after-school recreation program for the severely disabled students who cannot fit into existing curricular activities.

The second major area of overall need seems to be the extension of special education beyond the regular school years. Today there is little justification for special education to stop at high school graduation or sometime between age eighteen and twenty-one, especially for severely and multi-handicapped persons. Indeed the study of life-styles of these individuals suggests that they have lifelong special education needs. It is important that they should continue learning to adapt to the changing character of their disabilities, to cope with a frustrating and denying social environment, to keep up to date on new knowledge and changing social conditions, to retool themselves for new vocational and social experiences, to keep informed about new legislation and new community resources, to manage their minority group status more effectively, and to organize and sustain continuing negotiations with society for the protection of their human rights. On consideration of this view, it becomes clear that the continuing postschool needs of severely handicapped adults are very largely educational in nature and that the school is the only community agency qualified to meet these needs. Unless education steps in now, all the gains made earlier under its auspices in the elementary and secondary school

may be in danger of dissipation in the postschool years. Indeed, the trend toward an extension of the role of special education in a continuing and lifetime education model is already evident, and special education will be needed to fill a variety of new continuing education needs.

For example, we at Teachers College have at least two students who are engaged in working with handicapped students in specialized counseling programs: one at Long Island University, and one at Queensborough Community College. These college programs are duplicated many times over throughout the United States, and they need qualified special personnel. Furthermore, there is the emergence of remedial and learning capacities components in rehabilitation programs throughout the United States, and special educators are being sought to provide these services. Third, we are finding a growing use for an adult education model in day-center programs for out-of-school multihandicapped persons. For example, the day-center programs for severely handicapped individuals of both the United Cerebral Palsy of New York and the United Cerebral Palsy of Queens are largely educational in approach. These are but forerunners of what will in the future be comprehensive educational programs for the adult handicapped. It can be predicted that such programs will have the following attributes: they will be lifelong; they will fall within the aegis of special education, they will have a strong academic emphasis, especially in the reading area; they will stress personal development; and they will augment vocational, leisure, and social functioning. They will prevent institutionalization and enhance self-concept; they will promote happiness, strengthen family ties, and foster community acceptance. They will feature programming for the most severely disabled people in our society—the homebound, the neighborhood-bound, and the institutionalized. They will have a strong advocacy and self-help emphasis.

As a matter of fact, one of the bright new shining possibilities for handicapped people is the self-help group. Rusalem and Rusalem have identified and are studying about two hundred of these groups. Essentially, these groups maintain and enhance the sense of selfhood of those who belong to them; but they need professional education leadership and components.

The comprehensive adult education programs now being

projected will help give a new dignity to the nonworker role, which is exceedingly important because a relatively small proportion of these most severely handicapped persons will enter remunerative work. Such programs will feature a strong counseling service and will be manned by a new breed of educator, the special education specialist in continuing education.

What are the implications of these observations for COHI-MH and for the training of special educators? In the first place, it seems that special education teachers will need to study the development of handicapped people throughout the life-span, not merely during the elementary and secondary school years. It seems that special educators will have to learn to use the disability experience in adult life as a framework for setting elementary and secondary level behavioral objectives and for designing curricula to attain these objectives. It seems that special education teachers will have to be taught to follow their students into the community and to use postschool outcomes as an important criterion in evaluating their programs. Special educators will need more adequate preparation in the teaching of reading at all age levels, career education, guidance and counseling, community involvement—especially in advocacy activities—and special education programming at the secondary level, with particular reference to work-study, recreation, and leisure programs.

Furthermore, new training programs will have to be established to prepare special educators for such diverse functions as the college counseling of the handicapped, the provision of academic and social remedial services for severely disabled adults, the conduct of adult education day centers, the techniques of deinstitutionalizing adolescents and adults, the provision of continuing education for homebound and neighborhood-bound individuals, the organization, education, and leadership of self-help clubs, and the conduct of advocacy programs. It seems as though we are on the brink of a new development in special education, that is, entry into the postschool years for checking up on what we have done and for providing a continuing education for these people. Since this conference will play a vital role in shaping COHI-MH teacher education during the next generation, it is our hope that this field will take into account both the revisions that severely disabled adults are asking for and the need for extending special education programming for this group.

THE LEADERSHIP TRAINING INSTITUTE IN ACTION

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The concept of a Leadership Training Institute (LTI) is relatively new to the field of education. This particular concept has not been a part of the educator's vocabulary for more than a few years at the most. It may well have emerged from Eric Toffler's book *Future Shock*, for the concept of the LTI appear to be a prime example of what Toffler refers to as an "adhocracy." The rise of the ad hoc organization, according to Toffler, is a direct result of the accelerated rate of change in our society. When everything was relatively stable in special education, five years ago, or six or seven or eight years ago, we didn't need LTIs. We were rather smug about what we thought we knew at that time. Since societal pressures for change have apparently begun to run so freely, to have broken loose so wildly that they seem to be resisting our best efforts to guide them, we seem to need to create new organizational structures to encompass the runaway developments that we are trying to keep up with.

In order to get a handle on these problems, industry, government, and now education have resorted to the project, or task force, approach. In 1963 the task force approach was first used to attack some of the problems in the new field of learning disabilities. This was apparently an omen of things to come, of the creation of yet more ad hoc committees, or ad hoc approaches to the solution of targeted problems of a temporary nature in the field of special education. Industry had first explored the value of creating disposable divisions, "the organizational equivalent of throw-away tissues." Thus, these task forces were seen as nonroutine organizations brought together to grapple with nonroutine, perhaps one-of-a-kind, problems. The origins of the concept of the LTI may well be traceable to the effort on the part of the Bureau for the Education of the Handicapped (BEH) and of people in special education to tackle the nonroutine problems that are being presented to the field in this era of rapid change.

It is also interesting to speculate on the possibility that the LTI may serve as a kind of "whipping boy." The LTI has not exactly been perceived in that role, but the high hopes for it expressed at this meeting raise the possibility that you may be thinking: "Let George do it." As problem after problem has come up, sooner or later, when no answer was readily available in the group, the response was, "Well, now, that's what the LTI will do!"

The question that needs to be raised is, Can a group of three or four people brought together in a task force kind of organization do any better solving the problems than you can in a group like this? The specter of the LTI being used as a scapegoat, something that had not been perceived before yesterday, has become very real. In planning for your LTI, a caution needs to be underlined. *Do not expect some small group of fallible human beings to do what the whole field together has not been able to do*—for example, to define the COHI-MH population for you—unless ample time and monies are available to do the job.

The acceleration of change within the field of special education, as attempts are made to educate the handicapped for roles in a society that cannot even be visualized, has within the very recent past called for this new dimension in our organizational structure, the LTI. The term was first used in the field of learning disabilities in Chicago during the Association for Children with Learning Disabilities Conference in March of 1971. Many educators naively thought that the LTI meant just what it said: That it would indeed *train* leadership personnel in learning disabilities, in other words, that it would be a sort of super-doctoral-level training program.

Since then, the term has created problems for the LTI. This term may not be exactly the right one for what you want an LTI to do for you. As the staff of our LTI goes about its business (in some 43 states this year), negative feedback is coming in that reflects a misconception of the function of the LTI. Some people think we have a training program going on at the LTI in Tucson. They may have written for information on it or tried to get into it and been turned down. In point of fact, we do not have a training program going on at the LTI in learning disabilities at the University of Arizona, although in 1973-74 we will be funded for limited and unique training sessions. It is the expectations

of the field versus the actualities that may create some problems for you, too.

The experience of the LTI in learning disabilities would suggest that you need to think things through very carefully so that you do not set up a level of expectation that could not be achieved even by all of you working together in the next ten years. If you do, then you are going to be disappointed, and your LTI will self-destruct in a very short time. A finished package must be delineated for whoever is going to direct the LTI in COHI-MH, with a careful timeline for the accomplishment of realistic goals.

The expectations which our field and our projects in the field of learning disabilities seem to have set for us, are for the LTI to become a source of a new kind of productive capability. The LTI is to be alive with intelligence, alive with information, and with full knowledge of alternatives so that at its optimum it is completely flexible. The LTI is seen within the field of learning disabilities as the one adhocracy that has the capability of responding to the increasing pressure for change within the special education structure. This may or may not be realistic. We are fallible human beings trying to do a job. When this reality is compared with what people expect of us, or with what you expect of your LTI, it is literally appalling! On the other hand, the more they expect of us, the more dimensions we seem to be able to explore. However, realistic limitations need to be set, so that the LTI does not try to be all things to all people at the same time.

It is appropriate to direct attention to what the learning disabilities LTI is doing, as opposed to what people think we are doing. Apparently, many educators are locked in so tightly to inflexible, bureaucratic structures, that they must look outside of traditional organizations for a vehicle capable of responding to the frenetic pressure for change in our traditional ways of catering to the needs of handicapped children, whether they be children with learning disabilities or COHI-MH children. The LTI and its staff is perhaps best described in Pareto's words: "adventurous souls, hungry for novelty, and not at all alarmed by change." This is one element we can bring to the field that many people who are locked into other kinds of jobs cannot, whether locked into a university system of specific course number and specific content, or locked into a local school district where they

have set up a pattern of some sort and have to deny the value of novelty in order to avoid it. The LTI is a vehicle for change because it is new and doesn't relate to this locked-in, bureaucratic feeling that so many of us get into in other kinds of positions.

The pressure for change, as was pointed out so beautifully in a previous paper, may come from outside of our own areas of expertise, and our response may be one of reacting rather than leading. That is another area of concern; we at the LTI should act rather than react. We would like to perceive ourselves (as you will want to see your LTI) in the vanguard of change, providing leadership rather than just reacting to what is happening outside of our own area of special education. It may be a matter of educational philosophy: Are we there to relate only to problems as seen by the community or to provide innovative solutions? Do we follow them or do we lead them? is a question, a serious question, for any LTI staff member. We at the LTI frequently have a very difficult time in deciding.

Do we follow them, or do we lead them? Each of our project teams has submitted a proposal to the BEH. One of the first soul-searching situations we have had to come to grips with is, What if we can't philosophically buy what the funding agency proposes doing? Can we then go in and give them technical assistance to help them do their thing better? Even though we can't believe in what they are proposing to do, are we committed to helping them do it? We at the LTI have finally worked through the problems involved in the questions, Do we have all the answers within us? Are we so clever that we have answers to the whole problem, to all of the problems of learning disabilities? Once we accept the fact that we do not and that perhaps there is a real need for a completely innovative approach to the field of learning disabilities, then we have to look at each project as if it might be the panacea and help the originators do a more professional, a more scientific job of whatever it is they propose doing even if we don't believe in it. We even got to the point, as the staff of your LTI will do, where we asked ourselves, "What if someone came up with a solution such as Z therapy, as they did in California?" (Z therapy is a method of precipitating rage in a child and helping him to work through his emotional hangups.) What if someone came up with this as *the* answer to learning disabled children? Could we as a staff go in

and give them technical assistance to help them do it better? These are the kinds of very difficult questions you will be faced with. At first we said, "Oh, yes, we can do that." Finally we had to accept the fact that in a situation that none of us could buy, we would have to bring in consultants who could do that thing better; but that we could not shoot it down, because the proposal had already been accepted. Someone at BEH or on the review panels thought that what they proposed was worth doing, and our job is to help them do it better. This is what was meant by the question, Are you a leader in the field, or do you just react? and if you are a leader, Do you lead the projects away from something that might be viable because you as a staff member don't believe in it? The relationship between the LTI staff and its constituency is a very touchy one, whatever it happens to be. All of this is just a little bit of philosophical background on some of the concepts of the LTI as we have seen them in action this year. There are now four special education LTIs in the United States: one in Minnesota under the aegis of Maynard Reynolds; one in North Carolina, in early childhood, under the aegis of Dave Lilly; one in California on the education of gifted children, under the leadership of Irving Sato; and one at the University of Arizona, in learning disabilities under the directorship of Jeanne McCarthy. Each of these LTIs was conceptualized in a different way and came into being astride very different vehicles. The comments made here address themselves specifically to the LTI in learning disabilities at the University of Arizona. When the Learning Disabilities Act of 1969 was finally signed into law as Title VI-G of the Elementary and Secondary Education Act Amendments of 1970, the BEH was called upon to implement the law on very short notice, with a very limited staff and with extremely limited funds. Therefore, our LTI came into being with all of the trauma that many of you have also experienced.

The Bureau had no monies during the first year and exactly one million dollars during the second year. The law required that this be spent on research, training, and a model center in each state. Now, if you take $1,000,000 and allocate some for research, some for training, and some for one model center in each state, you can see what is likely to happen. Because the concept of the LTI had recently emerged, it was decided by the Bureau to find such an institute to provide backup services for the eight model

centers being funded during the first year of funding. The Funds came directly from Title VI-G, which you know as the Learning Disabilities Act of 1969.

The birth of the LTI in learning disabilities, then, bears little resemblance to the impressive prenatal planning that has been done by this group in COHI-MH. Ours was foisted on the field from above, by administrative fiat. Someone in the Bureau said, "Thou shalt be!" and we became. There was little time for planning. You are fortunate indeed to have the amount of support that you have from the various aspects of the field of COHI-MH. Instead of having an LTI superimposed from on high, you are all involved in and deciding and creating the circumstances whereby you will or will not put together an LTI. Although there may be some dangers built into this gestation process, it is a sounder way for such an institution to evolve than to erupt as ours did.

Once the field finally got a handle on what an LTI was, there was a period of about two weeks during which several universities were invited to write proposals. Requests for proposals (RFPs) were sent out, with two or three universities responding, among them the University of Arizona, which was awarded the grant. The University of Arizona's proposal directed itself to two activities: to give technical assistance to the eight model centers being funded the first year; and to survey the field and produce a document on the state of the art in learning disabilities, covering research, training, and administrative arrangements.

In the first year of the LTI, Dale Bryant from Teachers College, Columbia University, was employed as director. The first-year staff also included Corrine Kass, as assistant director, Lee Wiederholt, and many graduate students in learning disabilities at the University of Arizona.

As a result of their work we now have two documents that survey the entire field of learning disabilities. They include an extensive review of the research that is available, the training programs that are available (state by state, as well as through BEH), and also the administrative and service arrangements. The appendix in the second volume includes a great many papers written by consultants in the field. These serve to consolidate in one place information that had been scattered through the literature.

One of the recommendations of the final report addressed itself to the need for an operational definition of

learning disabilities. You may well end the first year of *your* LTI feeling that you need an operational definition of COHI-MH. There have been times when the field of learning disabilities seemed to be the only one that could not define its target population. It was reassuring to realize that your field still cannot define its population to the satisfaction of the various components of your specialty.

The second year, the LTI proposed providing technical assistance to the 23 model centers then existing in 23 states. With four senior staff, we have done a variety of things under the rubric of technical assistance. Perhaps if the kinds of things that we have been asked to do can be described for you, you might get some idea of what your LTI may or may not be asked to do or be able to do. We made the decision this year that we would do almost anything we were asked to do, until such time as we are able to define the realistic parameters of an LTI. Then we can begin to pull in and say, No, that is not an appropriate function. At least, at the outset we wanted to explore all of the expectations that people had for us, so that we would know where we had to stop and where we did not have to stop.

It is projected that during the third year of funding, 1973-74, the LTI will provide technical assistance to 43 child service demonstration projects, implement a significant research effort, and implement a limited training component.

We started with some basic assumptions that we have been formulating and changing as we go along. I think you might be interested in some of these before I talk about what we have been asked to do and what we have done.

The first basic assumption, which sounds very simple, is really a very complex issue. We have assumed that our LTI in learning disabilities is not an extension of the BEH. We have stated this quite flatly and we have worked out a unique relationship, both with the BEH and with our model centers. If a relationship of trust is to be established with the model centers, we must dissociate ourselves from the image of "monitoring," site visiting, funding, etc. We are not involved in decisions about continued funding. That remains the responsibility of BEH.

The second assumption is that an LTI is consultative in nature. We have no authority. We have no power except our power as individuals and the respect that we can elicit from the field. Since we are strictly consultative, we must base our

service function on a trust relationship, not on the strong arm of funding. These two assumptions: the fact that we are consultative in nature, and the fact that we are not an extension of the Bureau are two incredibly important basic assumptions.

We held our first meeting this year (1972) in August with all of the funded states. Twenty-three states were represented, with two people from each state, the state's director of special education and the project director. It was during the first day of this meeting that we were able to establish our unique relationship with each state project.

Among other small details we don't call what we do "site visits." We do technical assistance visits. You will notice that this thread of "Are you or are you not the long arm of the Bureau?" runs through everything that we do and everything that we say as LTI staff. Many of you have been on site visits, and know that there are certain behaviors that are expected of you and certain behaviors expected of a project. Generally speaking, they sweep all the problems under the rug because their continued funding depends on positively impressing the site visiting team. On many site-visiting teams there is also an unwritten rule that no feedback is given except through the written report, which then is formally delivered by the chairman of the site-visiting team. You may see things that are terribly important that could be changed with one word from a member of the team, but it is not built into the role of the site-visiting team. On a technical assistance visit, what you have to do is establish enough of a trust relationship so that a project director will be able to say (as one of our directors did very early in the game), "We are in an awful mess. We need to know how to get paid." That may not be a very high level of technical assistance, but if the teachers and the director had not been able to unwind the red tape involved in multiple funding, the whole project may have been doomed. If that director couldn't have been honest and said, "You know, my teachers are all going to quit," we would never have been able to get the project off the ground. And yet if that director thought his funding was dependent upon our visit, he could not have shared that with us because he would have revealed himself as an inept director and the project as a poor project, and the funding might not have come the second year.

When you do organize your LTI, come to grips with the

relationship between the LTI and the BEH; realize that your field needs a fount of information that they can be honest with. If the projects' funding is dependent upon it, then they're not going to be honest. This is part of the first basic assumption and it's a very sticky one.

The third basic assumption concerns the focus of the LTI. Is the LTI that you are conceptualizing to be seen as an appropriate function of a major university, which is the advancement of knowledge? As universities find themselves more and more under fire, they are beginning to look at all of the adjunct facilities sitting around on the campus. One of the first questions we had to answer was, What have you done for us lately? It was phrased beautifully, much more eloquently than that. But, if you look at the priorities set up by universities, they are research, training, and service. When you start to locate your LTI, examine very carefully the amount of administrative support for service organizations within each possible structure. There are some universities that are truly supportive of service functions. Most of them are not. Most are more concerned with research, training, and the "advancement of knowledge." You have several choices to consider: You can locate your LTI outside of a university; but that alternative may also have problems built into it. It is probably not a public school function. It is not a local education agency function; not a state education agency function. It is not a bureaucratic kind of function; by becoming one, you may lose all the viability that you are trying to build into it. You would need to be cautious about considering setting up a quasi-autonomous educational institution, like an RRC–a regional resource center–which is really quite independent of most state education or local education agencies, and only responsible to the BEH.

If you decide that your LTI is to be located within a university atmosphere, select your university very carefully. You must select one that is committed to service. Or another option is to build enough strength into the research and training components of your LTI that it will be seen as primarily a research and training organization and only secondarily as a service organization. To summarize then, you have several choices: (1) to locate outside of a university, (2) to pick your university very carefully where the service orientation of your LTI will be valued as highly as any other function within the university, or (3) to change the function

of the LTI so as to emphasize those components that are of value to a major university.

There is a fourth basic assumption which should be mentioned. The function of the LTI as you are conceptualizing it right now is a 10-year job. It will be necessary to set up the tasks that you expect of the LTI on a time line and to set priorities so that you do not end up after the first year very disillusioned with what has been accomplished. It is advisable to set up a year-by-year division of labor that can be realistically fulfilled by the number of people there to do it. They are not going to be magicians.

The time line relates directly to the funding. You will need to have funding projected ahead for at least three years. Year-by-year funding, which is what we have, is difficult because you don't know whether you have six months to go out of business or whether you literally can plan for the next year. We are all optimists, so that we are planning without worrying about tomorrow, yet in the back of our minds we realize that this is certainly less than a semipermanent arrangement.

Another problem concerned with funding and time lines needs mention, and that is the problem of staff recruitment. You must put someone in the leadership position who is going to be able to carry out the jobs you have assigned to the LTI. Yet these are soft-money positions; it is very difficult to get the leadership that you need to leave a tenured position and be willing to accept a soft-money position on a year-by-year basis. The staffing of an LTI constitutes a major problem in itself. One possible solution is to recruit staff who are already tenured, but who could take a leave of absence. Attracting competent staff with soft, temporary money is going to be one of the greatest problems you will have to solve. The basic assumption is your need for leadership drawn from the very top of the whole field of COHI-MH, plus filling your secondary positions with some of the very creative young people who are coming in with all of the energy and ideas.

At the LTI in Tucson, we have differentiated staffing. Our experience suggests that you need to be aware of the value of differentiated staffing. I am there as director, and most of our projects do not see me as a school psychologist who can come in and look at a WISC (Wechsler Intelligence Scale for Children) protocol, help them analyze it, put all of the diagnostic data together, and then design a remedial

program for an individual child. They do not see me as a "nuts and bolts, nitty-gritty" kind of person. Instead, I am frequently asked to keynote the state meeting on learning disabilities, or am offered to the state CEC (Council for Exceptional Children) program commiteee. The CSDP (child service demonstration project) staffs will ask me to come in on a technical assistance visit to the project, but I may never get to see the project itself unless we plan it very carefully beforehand. I am likely to spend the first day and a half with the project staff and then give a Saturday afternoon speech. I rationalize that this does at least contribute to the multiplier strategy, as the project is able to present me talking about the project and its value, and about the value of projects like it in other parts of the state. We are working very specifically on the multiplier strategy and on the visibility of the project.

Jerry Senf has been primarily concerned with project evalution. If a project wants to become involved in a research focus or in an evaluation focus, Jerry will be invited on a technical assistance visit. He helps them learn how to collect the data to answer the questions they have raised.

Frank King is also on the staff, from the education department of the state of Iowa. He has been supervisor of the learning disabilities program for the state of Iowa and also supervisor of the school psychology program. Frank may be asked to "lay hands on troubled waters," such as when the state department is not supporting the local education agency where the project is going on, or where the funding has been set up in such a complex way that it cannot be a successful project. For example, one of our projects at the state education department gave an outright grant of $25,000 of the project funds to a mental health facility so that the facility would diagnose the project kids. Somehow that got lost in the total budget of the mental health facility, so that when the kids from the project are taken to the center, they are charged $300. Yet this is what we paid the mental health facility to do. It is this kind of nitty-gritty, budgetary, interprofessional and interorganizational kind of problem that Frank gets into and does a magnificent job with. Frank is also working with school psychologists, helping them to become more relevant to the educational needs of the learning disabilities projects.

Lee Wiederholt is also on the staff, carrying on from last year, so he gives us continuity. His background is actually

recent teaching, educational programming, and implementation of resource rooms. The emphasis in many of the projects is in the direction of resource rooms.

Now, with all of that background, what do we do?

This year we've been asked to provide technical assistance to the 23 model centers in 23 states. We had the first meeting for the funded states in August. At that time we proposed five technical assistance visits per year per state, by any combination of our LTI staff and consultant staff around the country. If there is an area of expertise that we do not cover among the four of us, we can bring in someone else. One of the areas, for example, that we find we don't have covered is the area of vocational rehabilitation. Most of our staff have not been involved with secondary or with senior high school programs, where you really get deeply involved with vocational education. One of our projects needs help in relating their secondary learning disabilities program to the vocational rehabilitation program, so we are going to have to bring in an expert in both learning disabilities and vocational rehabilitation, as well as provide technical assistance. Another area in which we employ outside consultants is that of systems management.

The needs assessment done in August suggested twenty-two areas in which help was needed by the centers. It may be helpful to list these rather briefly and then point out what we have actually been asked to do in terms of specifics. The needs that were delineated include:

Personnel recruitment
Coordination of internal services
Internal personnel problems
Future financing problems
Staff training, theory and rationale
Record keeping and retrieval systems
Definition and incidence of population
Organizational patterns for delivery of services
Inservice training for nonstaff personnel, i.e., for teachers out there in the field
Selection or screening procedures
Selection of diagnostic procedures, assessment procedures, and materials
Selection of instructional materials or techniques
General curriculum development

Modification or operation of the multiplier strategy
Parent programs
Project evaluations
Dissemination plans for the project
Interagency cooperation
Problems with the model in general
Problems with project revision and unspecified problems.

What our projects saw as their greatest need was exactly what we would have anticipated—*project evaluation.* Apparently, the whole idea of accountability and evaluation is causing problems all over the country. In Dr. Gerald Senf, we have on our staff someone who is very realistic in evaluation; he is on leave from the University of Illinois, Chicago Circle, and has also been at the State University of Iowa, and at the University of California at Los Angeles. He is extremely competent on research and evaluation, and serves those projects that are in need of help in evaluation. Many of our projects are spending a great deal of money on evaluation by outside companies, with dubious results. In August, we suggested that before they spend the $5,000 or more for the evaluation component of their projects, they check with Jerry. As a consequence, Dr. Senf has been utilized extensively, since all 23 projects need evaluation assistance. In addition during the August conference, we brought in a consultant, Dr. Howard Rollins, from Emory University, so that the projects could each have at least one hour to go over their evaluation designs individually with Jerry and Dr. Rollins.

In addition to these consultative services, Jerry has written two short documents on evaluation. One is for people who are writing a proposal with an evaluation component in it, and one for those who have already been funded and are about to implement their evaluation designs. He is planning another research and evaluation conference, which will be the basis for a further document on research and evaluation. These documents relate directly to the kinds of projects the CSDPs are involved in, so are more immediately applicable to their needs.

The second most needed aspect of technical assistance was in the area of the multiplier strategy. All of our projects are committed to multiplying themselves within their own states, but none of them know how to do it without

additional funds. They are sitting there with federal funds, trying to sell learning disabilities projects to other school districts that do not have any federal dollars. Many of the centers, especially those in their second year of operation, asked for help with the multiplier strategy.

These, then, were the two areas that were of most concern to our projects in August, evaluation and the multiplier strategy. Some of the projects had not started, so that they did not yet know what help they were going to need. Some of the second year projects needed help in a third area, that of future financing. They needed to know if there was going to be any additional money after the second year.

We have also decided that one of our services under the broad area of communications is the dissemination of current papers that we think are worthwhile and that the field needs and needs now, not a year from now, after they have been published. We are initiating as of this week a preview series—papers that have been written by a variety of people and that we feel need to be read, need to be heard. One of the first is a paper on the state of the art in learning disabilities that was presented at the CANHC (California Association for Neurologically Handicapped Children) conference a month ago, with Samuel Kirk chairing a symposium composed of Richard Masland, Charles Strother, and myself. Richard Masland talked about where we are in the field of medicine, Charles Strother talked about where we are in the field of psychology, and I talked about where we are in the field of education. I think that these presentations need to be heard by the field right now. We are going to have a limited mailing list of people in the training programs, people in the model centers programs, and others who have asked to be on the mailing list.

Another document that we are going to be sending out is one that Lee Wiederholt, of our LTI staff, has written on the historical developments in the field of learning disabilities. This review goes back to 1900 and traces the major theoretical and remedial models in learning disabilities. He presented it as a speech and although it is not quite ready for publication, most of the field would rather read it now than wait another year for it to appear in print. We are also going to be sending out some of Don Hammill's material. He is doing a great deal in the evaluation of research pertaining to sensorimotor training, to visual perception, to auditory

perception, and to psycholinguistic training. We are also making a collection of, and compiling a brief annotated bibliography on, all of the diagnostic and assessment instruments currently being used in the field of learning disabilities.

We have also been asked by BEH to do a paper on programming at the secondary level. In addition, the voluminous reports of the first year's work need to be edited and repackaged for more widespread dissemination. The final report of this year's work will contain recommendations to BEH in guiding the continuing growth of our field.

One of the ways in which our services seem to be needed more and more is in the dissemination of information. We are perceived by the field as being the fount of all information concerning learning disabilities; and I am sure that your LTI will come to be seen as the fount of all information on COHI-MH.

The fourth area of greatest need concerns organizational patterns for the delivery of services. Many people in the field of learning disabilities are concerned with the delivery of services. But there is little concern about definitions and incidence of the population. This was an interesting situation, since I would have thought these to be major problems in the field. I assume that definition of the population is going to be a major problem to your LTI, but it may not be to your constituents, because they will be very happy with whomever it is that they have decided to serve—and that may be a regional decision or a state decision.

During the 1973-74 fiscal year, we plan to implement a research component and a training component, in addition to the technical assistance component. The research component is going to undertake very specific research on targeted problems that have emerged from our technical assistance visits. For example, one of the questions that we are asked all the time is, How do you measure change in children? If a child is not reading at all at age eight, and after a year, he is reading at the 1.7 level, what has he gained? How do we measure it? As we go through all of our projects, we realize there are no easy answers to that question. We need time to do this kind of research, in order to come up with a viable answer to that specific kind of question. Another area of research involves the measurement of change in teacher attitudes and in self-perception in children. There are no easy answers to these questions, either. We have been funded for

research in very specific, targeted, practical areas such as these.

We are also going to implement a training component. We are teaching four courses this summer (1973) at the University of Arizona. One three-week workshop is for administrators in special education—principals, directors, and others who are responsible for implementing or monitoring a learning disabilities program. We are also teaching two courses in diagnosis and remediation for CSDP staff members. The second training area that we are getting into involves high-level seminars or symposia, two or three days in length, for educators of doctoral-level trainees. There is concern that among all of us at the university doctoral-training level, the well may run dry as we go to conference after conference and seldom take a note or hear anything new. Too many of us seem to keep rehashing and regurgitating what is there, without new input. We hope therefore to have two preconference symposia or two seminars, one prior to the ACLD (the Association for Children with Learning Disabilities) meeting and one just before the CEC (the Council for Exceptional Children) meeting, for doctoral-level *trainers*. For example, we want to have one in cognitive processing, taught by someone like Meeker, or Guilford, or someone else outside of the field of learning disabilities who can bring new information to us.

In addition to the training component, and the evaluation-research component, we shall provide technical assistance to the 43 model centers in 43 states which will be funded this year. Eight of these are going into their third year, 15 into their second year, and 20 are in their first year.

As you can readily see, an LTI is exciting, demanding, and rewarding. I wish you well with the LTI in COHI-MH.

CHAPTER VII

Summary and Conclusion

Even within the traditional areas of their professional responsibility, educators of crippled or otherwise health impaired-multiply handicapped (COHI-MH) individuals are cognizant of growing dissatisfaction with their performance in the face of powerful social and cultural changes. The position papers prepared for this Institute, and subsequent discussions, presupposed that specialized preparation in this field could not be considered in the abstract or without reference to the evolving relationships between the universities and the variety of communities involved in special education. Among the major conclusions of the conferees are the following:

Today's cultural and social movements point toward the progressive devaluation of life in general and of its deviants in particular. The cumulative effects of social change will continue to produce impaired human life, but neither the impairments nor the strengths of future populations can be predicted at this time.

Emphasis on liberal education as the major mission of higher education is being replaced by emphasis on education for immediate use or for career preparation. General education is moving toward the point of peril. As a result, so is special education.

The impact of societal change on traditional teacher education in college and university settings is forcing the leadership to raise new questions. Professional preparation as the responsibility of the university alone is no longer tenable.

In this competency-based era, there is a need to study the merits of an interuniversity effort, and, with the assistance of national consortia and the support of state funds, to effect reciprocity between agencies concerned with teacher certification.

New partnership relationships of community and professional organizations and with state and local agencies are critically needed, as are new opportunities for professional contributions in those contexts.

Recent court actions and new legislation have forced educators in the field of COHI-MH to take the initiative in working cooperatively with community agencies in order to make a quality education available to all members of the target population.

Special educators need to influence responses to social and cultural changes; they cannot assume the role of "survival performer."

The means for change exist within the community in the form of the personnel, agencies, coordinating services, and teacher education institutions already available, and where they do not exist, they can be established.

The COHI-MH population is seen in terms of three continua: age (infancy through adulthood), severity of educational impediment and indicated school placement (ranging from mainstream regular classrooms through highly sheltered or protective environments), and duration of disability (temporary through permanent and/or terminal).

The changing COHI-MH population, following especially from the growth of educational programs for infants, for more seriously multiply disabled children, and for older disabled groups, dictates investigation into the status of present program offerings in teacher education and their redesigning as necessary.

Educators in the field of COHI-MH are being held accountable for their products beyond school-leaving. It can no longer be assumed that educational responsibility ends when the client reaches age 18 or 20 years. There is a need for an extension of special education and reeducation through the adult years, and changes are needed in special education to make it more relevant to adult functioning.

A continuous review and evaluation of COHI-MH teacher education is mandatory. The educational emphasis is shifting, and it is necessary to provide for the training of both preservice personnel and experienced inservice personnel in

new techniques, such as the cross-disciplinary approach to the management of severely handicapped individuals.

Teacher educators in the field of COHI-MH need to be continuously involved in program development, to conduct and evaluate research, to work cooperatively within the professional community, to maintain advocacy roles, to serve as catalysts for change, and to cultivate ongoing, direct relationships with the handicapped themselves.

COHI-MH educators are in need of strategies through which to ensure sufficient resources to meet the needs of their target populations.

Educational leaders in the field of COHI-MH need to establish a better system for the dissemination of information if they are to upgrade instructional experiences and curricular content for teachers who will work with the target population.

The implementation of a comprehensive community service system is required to ensure: 1) communitywide knowledge of program approaches to meet the special developmental needs of the COHI-MH population and 2) direct involvement of community members in the expansion of services. A much closer, more continuous collaboration is needed, within an organizational framework, to enhance community attitudes of commitment and responsibility.

In teacher preparation, forms of role differentiation and cooperation between universities and the community need to be the subject of further study, experimentation, and evaluation.

A competency-based teacher education and certification program will facilitate the systematic study of professional performance and improve the quality of instruction. However, no universally acceptable set of competencies can be devised to apply to all college and university programs or to prepare personnel for all COHI-MH populations.

Changing populations and new patterns for the delivery of educational services necessitate changes in teacher education, for example in curricula, practica, roles, certification, and standards for school programs.

Educational personnel in the COHI-MH field need to identify

functional problems and to develop realistic expectations about the prospects both for the immediate and for the long-term implementation of solutions.

Proposed research in this field needs to be part of a comprehensive study of all education for exceptional children. Needed also is research related to general growth and development and to the cross-disciplinary foundation upon which education and teacher education are based. In carrying out this research, there should be a constant evaluation and reevaluation of the effectiveness of the field of COHI-MH in meeting the special education needs of its target population. The results of such study should also shed light upon the efficacy of teacher education efforts.

The main premise upon which this Institute operated was that every child with a crippling condition or a health problem was to be included in an educational program of one kind or another. In addition, there was agreement that, in this time of rapidly changing technology and skill requirements, such special education should be made available also to adults who require educational upgrading and retraining.

In each of the task force discussions, the need for acceptance of a functional but nonstatic definition of COHI-MH was evident. As the present parameters of this field shift and change, it becomes increasingly difficult to isolate a distinctive population with exclusive special education needs based only upon their physical deviance. While the participants agreed to the definition of the target population as presented here, they recognized the lack of precision in the definition, particularly in the open-endedness of the term "multiply handicapped." Their overriding commitment was to ensure that physical disability not be an excuse for the exclusion of individuals from appropriate educational service. Furthermore the knowledge and skill related to the correct physical positioning of children as well as provision of modified programs, equipment, and materials must be employed to prevent further debilitation and deformity.

The nature of the population dictates also that neither one group of special educators nor any other single concerned professional body is able to provide all the input necessary for the maximum growth and development of the COHI-MH individual. Therefore, this Institute highlighted the need for a cross-disciplinary (rather than interdisciplinary)

approach to education and treatment. In other words, while there is a need for specialization, concentrated intervention is called for, with the specialists in education prepared to release some aspects of their traditional roles to others while themselves assuming roles traditionally identified with other professions. Such role shifting requires cross-disciplinary communication, joint planning, shared learning, and actual performance of skills traditionally in the repertoire of a discipline other than one's own. In no instance, however, should it permit relaxation of accountability on the part of the qualified and certified specialist.

The acceptance of new roles and functions by the COHI-MH special educator can be seen as precursor to a major revamping of the preparation for professional leadership. It points up the recognized need to respond *with* and *to* social change and to develop necessary partnerships within new power base coalitions—as represented by new legislative and judicial bodies as well as by the disabled themselves and their families.

It is the conviction of the Institute's National Advisory Committee and of the Institute staff that the field of COHI-MH, which has long been committed to working with children who are multiply disabled, such as those with cerebral palsy, is ready to consider a fuller range of responsibility. Professionals in the field are now willing to examine and accept the challenge of improving educational services and to include in such services individuals long excluded from quality instruction because of serious handicaps, in addition to the physical, that impede learning and require special knowledge, skills and equipment. As special education leaders seek to accept these populations into their ongoing programs, the need for professional revitalization and retraining becomes more pressing. The Pandora's box to which Professor Goldberg referred stands open. *We accept the challenge.*

APPENDIX A

Goals and Corresponding Competencies: A Pilot Project

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The investigation of the present status and future needs of the field of professional preparation for educators of crippled and other health impaired-multiply handicapped (COHI-MH) individuals resulted in a recommendation that the field advocate competency-based teacher education. This recommendation is based upon its relevance to the education of COHI-MH populations and is supported by earlier stated premises relating to this commitment. In addition, competency-based teacher education and accountability are two of the ethical positions delineated as foundations for the proposed model (see Chapter III).

As a first step toward assisting the field of COHI-MH in moving in the direction of competency-based curriculum, the above sub task force developed statements of tentative goals to be attained by prospective COHI-MH teachers. Each goal is accompanied by a description of a possible competency to be demonstrated by the future teacher while in the teacher preparation program, together with a suggested description of criteria for the acceptability of the performance. For organizational convenience, these competencies were divided into those relating to (1) background information and skills; (2) management of physical and medical problems; (3) facilitation of effective social adjustments and of thinking processes; (4) assessment; (5) curriculum development and objectives for pupils; (6) setting the state for optimum instruction; (7) coordination of services; and (8) interaction

with parents or parent substitutes.

It is the intent of this group of professionals to solicit help from others in attempting to make suggestions for teacher preparation in the education of crippled children. They want to obtain the best indication possible as to what competencies ought to be acquired by prospective teachers of children with crippling conditions and other health impairments. First, it is necessary to judge which of the stated competencies are rated "essential," "desirable but not essential," or "not very helpful." Simultaneously, it is important to differentiate which of the competencies listed are considered to be essential for teaching in particular educational settings, at particular functional levels, at particular age levels, or for teaching COHI/MH individuals with the particular disabilities and combinations of disabilities.

A list of goals and competencies, "Goals and Corresponding Competencies to be Demonstrated by Prospective Teachers of COHI-MH Individuals," follows. This list is not universal or static. It is designed so that each respondent will add a competency which from his point of view he feels to be essential for instructing particular groups or individuals, as coded on the front sheet. These added competencies will be incorporated into one final program of goals and competencies and will serve as one process to further survey the field as a means of input to teacher education programs. An accompanying list of coding sections is provided on which the respondent records the best description of an individual or a group of individuals with whom he is particularly concerned. Teachers will probably code in terms of the type of group for which they are responsible, whereas parents and therapists will probably respond with individuals in mind.

Persons striving to improve COHI-MH teacher education might use such a list of statements of goals and competencies: (1) to analyze what competencies should be demonstrated before prospective teachers leave the COHI-MH teacher preparation program; (2) to analyze what competencies listed are considered essential for teaching in different educational settings or for teaching COHI-MH persons of different age levels or with different functional and learning problems; (3) to assess the competencies of each prospective teacher as he or she enters the teacher preparation program; (4) to record the progress of each prospective teacher in accomplishing the competencies selected for his or her

individualized program; and (5) to evaluate the effectiveness of the teacher preparation program by obtaining feedback from graduates.

Goals and Corresponding Competencies to be Demonstrated by Prospective Teachers of COHI-MH Individuals

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Sample Directions and Rating Scale

Note that those competencies considered essential for teaching a regular class in which COHI-MH pupils are enrolled may be different from those competencies considered essential for teachers of self-contained classrooms of COHI-MH students. Therefore, each respondent should describe the point of view from which he is responding by completing the accompanying Coding Sheets.

Opposite each goal and its related competencies, please record the rating that corresponds with its degree of importance for inclusion in the teacher preparation program:

1 – Essential
2 – Desirable but not essential
3 – Useless or not too helpful

BACKGROUND INFORMATION AND SKILLS

GOAL #1

The prospective teacher will observe, name, define in basic medical terminology, and describe functional behavior of individuals with a particular crippling condition or other health impairment. *1. 2. 3.*

A. Name and define the probable orthopedic disorder or health problem and describe functional behaviors of at least 50% of a given group of individuals. *1. 2. 3.*

B. Tell at least three points about their observations of each handicapped person which led to the conclusion(s) about a specific diagnosis and description. *1. 2. 3.*

C. Project possible associated disabilities or limitations which commonly accompany certain disorders. *1. 2. 3.*

GOAL #2

The prospective teacher will show evidence of knowledge of, or ability to locate references about, milestones of normal growth and development from infancy through adult ages. *1. 2. 3.*

Given lecture materials, reading materials, observations and/or practical field experiences,

A. The future COHI-MH teacher will select his own method for demonstrating his knowledge of milestones of development from birth to five years in the following areas:

Gross and fine motor development
Language and other measures of communication
Personal-social development
Cognition
Self-image
Visual-motor ability
Independence

For example, if you have a 1½-year-old you want to get to perform a task, what behavior do you expect? How do you set the stage or approach the child so he or she can relate to you for purposes of the test?

B. The future COHI-MH teacher will identify physical and psycho-social developmental sequences and milestones in children at each of the following levels:

Kindergarten age
Primary school age
Elementary school age
Junior high school age
High school age

GOAL #3

The prospective teacher will have knowledge and experience (2-3 years) within a formal educational setting for normal children. *1. 2. 3.*

Each future COHI-MH teacher will teach regular class at primary level, elementary level, junior high level. *1. 2. 3.*

GOAL #4

The prospective teacher will demonstrate the knowledge needed in order to recommend the most appropriate setting to meet the educational needs of individual COHI-MH students. *1. 2. 3.*

The prospective teacher will:

A. List three strengths and three weaknesses associated with each kind of delivery system and its corresponding facilities:
   1. regular class
   2. self-contained special education classroom
   3. resource room
   4. itinerant instruction
   5. homebound
   6. hospital class
   7. developmental class
   8. teleclass
   9. adult education class
   10. workshop

B. Describe the influence of the following factors as they effect decisions regarding the educational disposition of COHI-MH individuals in the facilities described in A above:
   1. MA level
   2. CA level
   3. severity of disability
   4. self-sufficiency
   5. emotional stability
   6. parental support
   7. academic skills
   8. social competence
   9. lack of availability of the desired facility or delivery system in a given community. *1. 2. 3.*

Additional Goal

(to be inserted by respondent) .

1. 2. 3.

Competencies:

(To be listed by respondent)

COLLABORATION IN THE MANAGEMENT OF PHYSICAL AND MEDICAL PROBLEMS

GOAL #1

The prospective teacher will respond to situations resulting from pupil incontinence, bathrooming problems, seizures, responses to medication, and severe bruising or bleeding. *1. 2. 3.*

The prospective teacher will tell, write, or demonstrate procedures to deal with situations arising from: (1) incontinence; (2) dependence upon others for bathrooming; (3) seizures; (4) medication usage or changes; (5) severe bruising or bleeding.

The following should be included in each instance: (1) procedures to prevent given situations; (2) possible emergency actions; (3) procedures to avoid or prevent certain consequences; (4) procedures to facilitate comfort, movement, etc; (5) procedures for simultaneously managing the rest of the class. *1. 2. 3.*

GOAL #2

The prospective teacher will manage and make simple adjustments or repairs to hardware, such as braces, splints, wheelchairs, and seek help if needed.

1. 2. 3.

Given guidance by medical or other therapeutic personnel, the prospective teacher will:

A. Demonstrate competency in attaching hardware, making

appropriate adjustments, disjoining hardware, guiding the student in operating correctly with the hardware, noting the need for, and in some cases making, simple repairs. He will demonstrate this competency by:

1. Putting on, helping the child with correct usage of, and taking off:

short leg braces	hearing aids
long leg braces	leg twisters
hand splints	posture vests
head pointers	diapers
head slings	special helmets
artificial limbs	chin straps for drooling
boys' urinals, bags	

1. 2. 3.

2. Helping child into and out of, guiding child in use of, and adjusting for use:
   - stand up table
   - wheelchair (including ascending and a curb)
   - adapted wheel toys
   - prone boards

   1. 2. 3.

3. Demonstrating alertness to problems from:
   - hearing aids
   - intravenous feedings (for leukemia patients)
   - head shunts (on hydrocephalics)

   1. 2. 3.

B. Demonstrate knowledge of how and when to get help for possible problems arising with each of the above aids that might need repairs or adjustment. *1. 2. 3.*

GOAL #3

The prospective teacher should have personal experience in coping with physical problems. *1. 2. 3.*

For a selected period of time, the prospective teacher will experience: (1) restriction of locomotion with a cast or brace

on one or both legs; (2) restricted use of the dominant arm and hand; (3) the state of being nonverbal and totally dependent upon someone else.

The teacher will report on this experience in respect to difficulties encountered, time factors involved, fatigue elements, and other frustrations. *1. 2. 3.*

GOAL #4

The prospective teacher will manage the physical needs of COHI-MH persons with various disorders, with no harm to the latter or to themselves. *1. 2. 3.*

A. Given children with a disorder requiring physical management, the prospective teacher will first describe the procedure for each of the following situations and then properly lift and transfer the children (1) from the floor to a chair; (2) from the floor to a standing position; (3) from chair to toilet, wheelchair, or floor. *1. 2. 3.*

B. Given a hydraulic lift, the prospective teacher will demonstrate proficiency in lifting children (a) from floor to chair or wheelchair; (b) from chair to floor; (c) from chair to toilet. *1. 2. 3.*

C. The prospective teacher will state three precautionary measures necessary to consider before handling a child impaired by: (1) osteogenesis imperfecta; (2) hemophilia; (3) Legg Perthes; (4) muscular dystrophy; (5) spina bifida. *1. 2. 3.*

D. Given a situation in which COHI-MH pupils are transported to a school program, the teacher will display a familiarity with particular safety devices and list those devices and the precautions and suggestions which might be appropriate to pupils characterized by each of ten major COHI-MH impairments. *1. 2. 3.*

E. Given eight commonly prescribed drugs used in the treatment of the physically handicapped child, the prospective teacher will list the psychological and physical effects and possible side effects of each drug and cite a recognized authority for each response. *1. 2. 3.*

GOAL #5

The prospective teacher will collaborate with planners and maintenance personnel to resolve actual or potential architectural barriers or problems for COHI-MH individuals. *1. 2. 3.*

Given an actual or hypothetical situation, the prospective teacher will list suggestions for modifying or adapting such potential architectural problems as:

1. steps
2. drinking fountains
3. slippery floors
4. chalkboards
5. commode stalls
6. urinals
7. sinks
8. crowded corridors
9. moving from one floor to next
10. windows
11. doors
12. light switches
13. lunch room facilities
14. entrances, exits
15. elevators
16. mirrors
17. travel paths

Additional Goal

(to be inserted by respondent)

1. 2. 3.

Competencies:

(To be inserted by respondent)

COLLABORATION IN INCREASING PERSONAL ADJUSTMENT, INDEPENDENCE, AND PROBLEM SOLVING OF COHI-MH PERSONS

GOAL #1

The prospective teacher will be guided by the psychological, social, educational, and vocational recommendations from comprehensive clinical reports on individual crippled children. *1. 2. 3.*

Given a comprehensive clinical report on a crippled child, the teacher will abstract and summarize for the guidance of his future actions pertinent data and recommendations from comprehensive psychological, sociological, and vocational educational reports.

GOAL #2

The prospective teacher will collaborate with COHI-MH individuals, parents, and therapy consultants to develop self-sufficiency and independent living. *1. 2. 3.*

Given a list of COHI-MH pupils whose major impairment results in:

1. weakness
2. paralysis or lack of sensation
3. absenteeism
4. limited activity (as in cases of heart disease, hemophilia, rheumatoid arthritis)
5. other (such as drug dependency, skin disorders)

The prospective teacher will list and discuss from three to six procedures for possible collaboration with those who can be helpful in increasing self-sufficiency and independent living of such impaired persons. The teacher will also write a plan of the processes by which he can help handicapped individuals of different ages appraise their own functioning in relation to present and future self-sufficiency and independent living. *1. 2. 3.*

GOAL #3

The prospective teacher will make accurate reports of a physically handicapped child's social behavior and seek appropriate team consultation for appraisal of continued deviant behavior. *1. 2. 3.*

Observing the behavior of a physically handicapped person of any age, in an actual situation or on videotape, the teacher will orally or in writing objectively describe social behavior, suggest a plan to bring about defined changes in behavior, and describe the kind of consultation required and where it might be sought. *1. 2. 3.*

GOAL #4

The prospective teacher will recognize situations that negatively affect the self-concept of crippled children.
1. 2. 3.

Given lecture material, readings, case studies, and/or videotape situations, the future teacher will:

1. Identify elements in the situation that may be a threat to the COHI-MH individual's positive self-concept.
1. 2. 3.
2. Make specific suggestions to change the situation so that self-concept will not be harmed and might be enhanced.
1. 2. 3.

GOAL #5

The prospective teacher will help students cope with personal problems resulting from illness and disability.
1. 2. 3.

Given case studies or opportunities to deal with actual pupils with problems, the future teacher will develop and list at least four alternative strategies for helping COHI-MH pupils identify their problems and set goals for themselves, which in turn will help them cope with such problems as: (1) awareness of terminal illness; (2) recently acquired disabilities; (3) despondency regarding changes in appearance and/or ability to perform; and (4) unrealistically high self-expectations. *1. 2. 3.*

GOAL #6

The prospective teacher will be able to discuss and to demonstrate a variety of techniques for enhancing (increasing) the pupil's ability to make decisions and to learn from the consequences of those decisions.
1. 2. 3.

The prospective teacher will help COHI-MH pupils to increase the instances in which they individually or with others solve their problems and explore realistic alternatives before making immediate or future decisions. Prospective teachers will:

1. Encourage pupil(s) to state or otherwise identify a personal problem or need for a decision. *1. 2. 3.*

2. Provide opportunity for a pupil or group to state alternatives for actions, choices or solutions (e.g., alternative ways to improve their written communication in spite of motor incoordination; alternative avocational possibilities; etc.). *1. 2. 3.*

3. Assist pupils in gathering data to support or reject each alternative. *1. 2. 3.*

4. Elicit from pupils tenable conclusions based upon present data. *1. 2. 3.*

5. Discuss with pupils what they have learned in consequences of their decisions. *1. 2. 3.*

Additional Goal

(To be inserted by respondent)

1. 2. 3.

Competencies:

(To be inserted by respondent)

ASSESSMENT

GOAL #1

The prospective teacher will observe and record objectively the behavior and performance of COHI-MH individuals. *1. 2. 3.*

The prospective teacher will demonstrate competency in observing and recording objectively the behavior and performances of COHI-MH persons by focusing upon:

Their persons's attention span under various circumstances—positive, neutral, or negative; *1. 2. 3.*

The person's response to visual and/or tactile stimuli; *1. 2. 3.*

The person's response to adults, including parents, peers; *1. 2. 3.*

The person's response to objects, noting expressive, verbal, and instrumental behaviors. *1. 2. 3.*

GOAL #2

The prospective preschool teacher will be familiar with and demonstrate ability to perform infant screening tests. *1. 2. 3.*

The prospective preschool teacher will administer infant screening tests according to printed standards or will tell how the instrument or process was adapted to accommodate a child's disability. They will administer and interpret results of at least one of the following: Denver Developmental, or other tests of equal importance.

1. 2. 3.

GOAL #3

The prospective teacher will know how to find out what is tested by formal tests, how to use test results constructively, which tests are appropriate for the various disabling conditions, and how to consult with accredited team members. *1. 2. 3.*

For individuals with particular disabilities or combinations of disabilities the prospective teachers will define the positive features and limitations in using formal tests of:

1. intelligence
2. achievement
3. learning style
4. personality traits
5. language
6. perception
7. motor integration

1. 2. 3.

The prospective teacher will administer at least one formal instrument according to instructions:

1. Using consultation from other team members if needed: *1. 2. 3.*

2. Selecting instrument in accordance with the types of information sought; *1. 2. 3.*

3. Justifying selection with respect to the disability(ies) of the person; *1. 2. 3.*

4. Telling what each *purports* to test; *1. 2. 3.*

5. Listing strengths and limitations of each test in relation to what they *purport* to test; *1. 2. 3.*

6. Telling how the instrument was adapted to accommodate a child's disability; *1. 2. 3.*

7. Reporting, when appropriate, the results in terms of normative data as designated by the manual, describing where the results will differ from standardized results because of the student's disabilities and/or because of the changes in the procedure of test administration; *1. 2. 3.*

8. Listing for use by classroom teacher which key components the child performed and which he did not perform, as a basis for pinpointing the need for instruction. *1. 2. 3.*

GOAL #4

The prospective teacher will use the process of task analysis to define the performance of pupils in areas such as: (1) self-help skills in self-maintenance; (2) self-help skills in school tasks; (3) communication; (4) academic skills; (5) fine and gross motor skills; (6) social skills; (7) different learning styles (inquiry, simulation, etc.); (8) different sensory channels for learning. *1. 2. 3.*

The prospective teacher will demonstrate ability to gather information about what the student does and does not do in a given area of functioning, as a basis for eventual instructional content and strategy. He will:

1. Complete at least one task analysis in each of the above listed areas of pupil functioning by:

a. Defining the task(s) attempted;
b. Observing a child's performances;
c. Writing, in verb clauses, those parts performed and those parts not performed. *1. 2. 3.*

2. Develop and administer at least one informal teacher-made test with items designed to record which of a continuum of tasks and subtasks a person performs with facility and those with which the person has problems. *1. 2. 3.*

3. Compare list of tasks performed by a particular person with at least one of the following:
   a. What is expected of most children at the same developmental level;
   b. The optimum performance that can be expected, given the degree and kind of physical handicap.
   1. 2. 3.

Additional Goal

(To be inserted by respondent)

1. 2. 3.

Competencies:

(To be inserted by respondent)

DEVELOPING STUDENT OBJECTIVES AND RELATED CURRICULUM

GOAL #1

The prospective teacher, when presented with assessment data of a particular child, will write terminal behavioral objectives and instructional objectives for that child. *1. 2. 3.*

A. The prospective teacher will use assessment data gathered on one handicapped pupil or one group of pupils to:
   1. Write terminal behavior objectives for one target task chosen *for, by,* or *with* child to be taught. *1. 2. 3.*

2. Use three elements of condition, performance description, and evaluation process in the writing of the terminal performance objectives. *1. 2. 3.*

3. From a list of subtasks a child probably will have to perform in order to do the target task(s), write an instructional objective for teaching this/these subtask(s). *1. 2. 3.*

GOAL #2

The prospective teacher will demonstrate knowledge of how to design and implement curriculum objectives that might prepare COHI-MH students for functioning in present and future settings. *1. 2. 3.*

The prospective teacher will demonstrate competency in developing curriculum, taking into consideration both the individual's physical disability, along with any other disabilities, and his assets as a basis for developing immediate and long-range curricular objectives.

The teacher will, as a minimum, plan and write (and, when possible, teach) sequential progressions dealing with at least one area of curriculum, such as math, orientation to the world of work, preschool education. *1. 2. 3.*

Additional Goal

(To be inserted by respondent)

1. 2. 3.

Competencies:

(To be inserted by respondent)

FACILITATION OF INSTRUCTION

GOAL #1

Teachers must find out how instructional processes and materials need to be adapted to facilitate instruction of particular COHI-MH individuals. *1. 2. 3.*

A. The prospective teacher will seek answers to the following types of questions (or direct the attention of regular classroom teachers toward such questions) about the need to adapt processes and materials for the improved instruction of COHI-MH pupils. The prospective teacher will enumerate at least 15 questions to assess the need for adapted processes, materials, or equipment, based on the following suggestions:

1. In what ways and with what clarity can this child express his thoughts (verbally, by pointing to letters and words on a communication board, by typing, by gesture, by consistent body movements or signals to indicate yes and no, by writing, by drawing lines to answers)? *1. 2. 3.*

2. Through which channel(s) does the child learn best (auditory, visual, kinesthetic)? *1. 2. 3.*

3. Does it take more time for this pupil to respond through speech than through some other motor expression? *1. 2. 3.*

4. In what ways can the child move or be moved from place to place (by crawling, rolling, triking, in a wheelchair)? *1. 2. 3.*

5. What can the pupil do for himself and what kinds of things does he need help in doing? *1. 2. 3.*

6. How can games and activities be adapted so that the pupil with a disability can participate? *1. 2. 3.*

7. Who else is, or ought to be, working with this pupil, and how can everbody's effort be combined? *1. 2. 3.*

8. What, if any, are the restrictions on the pupil's physical activities? *1. 2. 3.*

9. Does the child need larger-sized paper for drawing and writing? *1. 2. 3.*

10. Does the paper have to be secured so that it will not slip? *1. 2. 3.*

11. If a child cannot write, type, or talk, how does he do his school work? *1. 2. 3.*

12. What, if any, emergency procedures should be planned? *1. 2. 3.*

13. What speed of teacher presentations can the child receive best? *1. 2. 3.*

14. Is there need for more durable materials, to be protected with contact paper or placed under plastic, so that the child can work effectively with them in spite of drooling? *1. 2. 3.*

15. How large do writing and other visual materials have to be for the child to see them well? *1. 2. 3.*

16. What presents obstacles to the child's mobility? *1. 2. 3.*

17. What postures are to be encouraged, discouraged? *1. 2. 3.*

18. What movements are to be encouraged, discouraged? *1. 2. 3.*

B. Each prospective teacher will evaluate and incorporate new concepts or research findings into his teaching approach and subsequently explain the theoretical rationale for the educational encounters. *1. 2. 3.*

GOAL #2

The prospective teacher, with the help of consultants when appropriate, will modify the learning environment by using existing resources and/or adapting materials and physical appliances to facilitate learning. *1. 2. 3.*

A. The prospective teacher will demonstrate competency in finding existing materials to facilitate or improve present pupil performance by:

1. Naming at least three companies that distribute catalogues of special education equipment and supplies and specialized instructional devices, such as paints, turners,

pointers, lap boards, typewriter templates, etc., and describing the features of those catalogues; *1. 2. 3.*

2. Naming companies that publish catalogues of school supplies, teaching materials, and learning materials that might be used by the handicapped or adapted for the handicapped; *1. 2. 3.*

3. Naming at least four kinds of resource personnel or agencies from which ideas and help may be obtained. *1. 2. 3.*

B. The prospective teacher will be able to make or adapt materials and physical appliances when appropriate so that a particular child can increase the number and quality of his interactions within the learning environment. In order to demonstrate this competency, the teacher will:

1. Describe what help might be obtained and from whom; *1. 2. 3.*

2. Define the task at hand; *1. 2. 3.*

3. Specify the kind of movement pattern exhibited by the child which prevents him from accomplishing a particular task in a normal manner (e.g., motor incoordination problems, muscle weakness problems, paralysis or lack of sensation problems, low vitality, absence of limb, excessive drooling, hearing or visual problems related to excessive head movements); *1. 2. 3.*

4. Specify the movement patterns required for the task at hand; *1. 2. 3.*

5. Observe a particular child and describe verbally or in writing to what extent his motor skills are adequate to complete the task at hand; *1. 2. 3.*

6. Teach the child the skills he lacks or find some way to make, or adapt or prosthetize the child's materials or appliances to facilitate completion of a particular task. *1. 2. 3.*

Additional Goal

(To be inserted by the respondent)

1. 2. 3.

Competencies:

(To be inserted by the respondent)

EVALUATION OF INSTRUCTION

GOAL #1

The prospective teacher will instruct an individual COHI-MH child according to a defined process and demonstrate progressive developmental gains made by that child. *1. 2. 3.*

The prospective teacher will:

Select and try specific teaching-learning processes and measure their effectiveness by recording resulting changes in pupil functioning in relation to performance criteria.

1. 2. 3.

Additional Goal

(To be inserted by respondent)

1. 2. 3.

Competencies:

(To be inserted by respondent)

INSTRUCTIONAL APPROACHES TO NONACADEMIC ACTIVITIES

GOAL #1

The prospective preschool teacher will include feeding, toileting, and dressing as learning experiences for infants and very young children. *1. 2. 3.*

The prospective preschool teacher will demonstrate, in any manner chosen, that pants changing, toileting, and dressing are among the most valuable teaching times. The teacher, with the assistance of an aide, will plan optimal use of such time. *1. 2. 3.*

GOAL #2

The prospective teacher will include curricular provisions to teach children to perform the activities of daily living in the home, the school, and the community. *1. 2. 3.*

Given actual children, or case studies of children, who are afflicted with cerebral palsy, spina bifida, arthrogryposis, muscular dystrophy, hemophilia, sickle cell anemia, or cystic fibrosis, the prospective teacher will be able to do the following for each child:

A. Name at least five top priority activities of home, school, and community daily living skills the person could be taught as part of the total curriculum:
   1. In the home:
      (1) homemaking
      (2) personal hygiene
      (3) ambulation
      (4) feeding
      (5) self-help skills
      (6) leisure time activities
      (7) family life
      (8) sex education *1. 2. 3.*

   2. In school:
      (1) mobility
      (2) self-care skills
      (3) extracurricular activities
      (4) socialization

   3. In the community:
      (1) recreation
      (2) shopping
      (3) occupation
      (4) church
      (5) transportation
      (6) socialization *1. 2. 3.*

GOAL #3

The future teacher will initiate, conduct, and participate in recreational game-play activities for children with varying disabilities and degrees of involvement.
1. 2. 3.

Given lecture material, reading material, demonstration and participation activities, the future teacher will demonstrate in a practicum setting (e.g., student teaching) the initiation and participation of several game-recreation activities for various sized groups of COHI-MH children with a variety of disabilities. *1. 2. 3.*

Additional Goal

(To be inserted by respondent)
1. 2. 3.

Competencies:

(To be inserted by respondent)

COORDINATION OF SERVICES

GOAL #1

The prospective teacher will identify a number of support personnel and be able to describe their areas of service or treatment, so as to demonstrate familiarity with those who can assist in the adaptation of the learning environment for the benefit of a specific child.
1. 2. 3.

Given in-class presentations, reading material, and visitations, the future teacher will demonstrate knowledge of each of the following support personnel and three of the functions and services they provide, by defining the role and function of each: *1. 2. 3.*

Professional educators
Parents
Physical therapists
Previous teachers
Regular teachers
Pediatricians

Occupational therapists	Orthopedists
Speech therapists	Prosthetists
Motor-perceptual trainers	Orthotists
Psychologists	Social Workers
Community agencies	Opthalmologists

1. 2. 3.

GOAL #2

The prospective teacher will work with parents and professionals to mutually develop statements of goals, methods, and measurements agreed upon as *priorities* for each COHI-MH individual. *1. 2. 3.*

The prospective teacher will suggest a detailed scheme whereby more time is spent in "child planning" conferences and getting parents and personnel together on major problems and goals than is spent on review of the child's past history as seen by each of the disciplines. *1. 2. 3.*

GOAL #3

The prospective teacher will guide teacher aides and volunteers to assist handicapped students in the classroom in learning to become more independent and to complete noninstructional tasks which support the teaching process thus giving the teacher more opportunity to teach. *1. 2. 3.*

The prospective teacher will demonstrate in a practical situation that he can use the classroom aide or volunteer's skills to *increase* the number and amount of specified tasks completed by COHI students without help, and to *decrease* the amount of teacher time spent in preparing and managing materials for learning. *1. 2. 3.*

GOAL #4

The prospective teacher will be able to locate and use the nearest special education instructional materials center (IMC). *1. 2. 3.*

Trainees will be given hypothetical problems dealing with the educational problems of youngsters in different geographic sections of the country. They will be required to identify which IMC should be used and the procedural method to be followed to obtain materials. *1. 2. 3.*

GOAL #5

The prospective teacher will demonstrate the ability to make and to use audiovisual materials. *1. 2. 3.*

Given a group of COHI-MH children and a topic, the teacher will demonstrate ability to make and use appropriate audiovisual and other materials to enrich the learning situation. *1. 2. 3.*

GOAL #6

The prospective teacher should be knowledgeable about resources and about the specific services provided by local, state, and national agencies. *1. 2. 3.*

Trainees will be given case studies to determine the agencies which could best provide the needed service. *1. 2. 3.*

Trainees will describe how to determine which resource to contact and the method of obtaining service from that agency. *1. 2. 3.*

GOAL #7

The prospective teacher will name sources for the funding of COHI-MH individuals and of programs at the local, state, and national levels. *1. 2. 3.*

The prospective teacher will list the sources from which funding for handicapped individuals and programs is available and will describe the procedures of application relevant to: (1) Social Security Titles; (2) Social Welfare, (3) ESEA Title funds, (4) the Vocational Rehabilitation Act, (5) mandatory legislation, (6) vocational education funds, (7) Head Start, Follow Through, and migrant programs. *1. 2. 3.*

Additional Goal

(To be inserted by respondent)

1. 2. 3.

Competencies:

(To be inserted by respondent)

INTERACTION WITH PARENTS OR PARENT SUBSTITUTES

GOAL #1

Prospective teachers will work with parents, utilize the skills and knowledge of parents, and be alert to the possible need for other professional help to assist families with the problems of COHI-MH individuals relative to their educational and school adjustment.

1. 2. 3.

The prospective teacher will:

1. Offer information on transportation, babysitting services, public health services, etc.; *1. 2. 3.*

2. Offer information on such home management skills as dressing, feeding, and managing child behavior; *1. 2. 3.*

3. Assist parents in obtaining information about agencies able to offer assistance of various kinds. *1. 2. 3.*

GOAL #2

The prospective teachers and other professional team members will include mothers and fathers in planning goals for and evaluating the progress of COHI-MH students. *1. 2. 3.*

The teacher will demonstrate skill in inclusion of parents (or parent substitutes) in the evaluation-management plan, by setting the stage for a sharing of assessments of the child's

academic and social performance and planning with the parents and other support personnel a scheme to advance the child to the next level(s). Such interaction at no fewer than two meetings shall be observed or taped, evaluated by the supervising teacher, and judged to be "acceptable" or "not acceptable." *1. 2. 3.*

GOAL #3

The prospective teacher needs to demonstrate ability to teach adults, in order to instruct parents of COHI-MH children to carry out recommended home programs related to goals for the child in school. *1. 2. 3.*

The prospective teacher will:

1. Communicate to the parents accurate and appropriate facts regarding the growth, success, and opportunities for the child that are unique to the disability; *1. 2. 3.*

2. Teach the parents to participate in the physical, cognitive, and affective development and treatment of their child within the limits of their intellectual, physical, and emotional capabilities; *1. 2. 3.*

3. Employ his communication skills to adapt to the language patterns and cultural background of the parents.

Effectiveness in communicating with parents will be determined by a questionnaire completed by the parent as well as through evaluation by a trained observer. *1. 2. 3.*

GOAL #4

The prospective teacher will demonstrate some understanding of the complexities of a COHI-MH child's effect on the family structure. *1. 2. 3.*

The prospective teacher will demonstrate his awareness of some of the complexities of having a multihandicapped child in the family by:

1. Enumerating 10 major problems the parents may face in adjustment. *1. 2. 3.*

2. Being able to cite a specified number of studies dealing with the impact on family structure resulting from the advent of a multihandicapped child. *1. 2. 3.*

Additional Goal

(To be inserted by respondent)
1. 2. 3.

Competencies:

(To be inserted by respondent)

CODING SECTIONS

Use Accompanying Coding Sheets

Note: Several sheets of coding sections are included. They may be used by each respondent to describe his role and to describe the characteristics of the COHI-MH group or individual he has in mind when rating the importance of competency items.

Coding Section 1.

Circle the number of the *role* description that comes closest to describing your own role.

1. Teacher
2. Parent
3. Therapist
4. Professional educator
5. Agency personnel
6. School administrator
7. Professional support personnel (social worker, psychologist)
8. Present or former COHI-MH student
9. Other: _____

Coding Section 2.

Circle the number of the *setting* description that comes closest to describing the educational setting serving as the focus of your responses.

1. Self-contained class entirely made up of COHI-MH children.
2. Part self-contained, part resource class
3. Resource program within with a regular school
4. Itinerant teaching in various schools
5. Home instruction (homebound)
6. Hospital instruction
7. Developmental center, child-care center, agency program
8. Telephone instruction program
9. Regular class in which COHI-MH pupil(s) are enrolled

Coding Section 3.

Circle the number of the *age-level* description that most closely describes the age level serving as the focus of your responses.

1. Infants and toddlers (to 3 years)
2. Preschool (3 and 4 years)
3. Kindergarten (5 and 6 years)
4. Primary (7-9 years)
5. Upper elementary
6. Junior high age (or preadolescent)
7. High school age (adolescent, predominantly college bound)
8. High school age (adolescent, predominantly noncollege bound)
9. Other (including wider age groupings): _____

Coding Section 4.

If describing a *GROUP*, circle the number of the group description that most closely describes the group of students serving as the focus of your responses.

1. Physical problems or other health impairment
2. Physical problems or other health impairment plus learning and/or perceptual problems

IF DESCRIBING A GROUP – STOP HERE! IF DESCRIBING AN INDIVIDUAL, IGNORE CODING SECTIONS #1 AND #2 ABOVE AND CONTINUE TO END OF CODING SECTIONS.

Coding Section 5.

If describing an *INDIVIDUAL*, circle the number that most closely describes the *overall management of self-help skills* in relation to degree of dependence upon the external environment (reaches for self-mobility, e.g.) of the individual who serves as the focus of your responses.

3. Functions independently in a manner typical of a non-handicapped person.
4. Functions independently in an adapted or alternate manner imposed by the disability (moves from place to place in wheelchair, for example).
5. Functions independently with only occasional help from others.
6. Functions too slowly or too awkwardly to be practical for functional independence.
7. Depends upon others for certain personal and physical care (infants excepted).
8. Depends upon others for nearly all or entire physical care (infants excepted).
9. Decline in independent functioning due to progression of disability.

Coding Section 6.

Circle the number that most closely describes the *functional problem* of the individual caused by physical or physiological disability or health problem.

1. Coordination problems (e.g., cerebral palsy)
2. Temporary orthopedic problem (e.g., broken leg)
3. Limb deficiency
4. Paralysis and sensation loss (e.g., spina bifida)
5. Muscle weakness (e.g., dystrophies, polio, amyotonia)
6. Problems in joint movement (e.g., arthritis, Legg Perthes)
7. Health problems (e.g., heart, low vitality, sickle cell anemia, leukemia)

8. Unexpected and periodic traumatic state (e.g., epilepsy, diabetes, sickle cell)
9. Suspected developmental delay

Coding Section 7.

Circle the number that most closely describes what you consider to be the *major category of accompanying problem*, if any, for which the individual needs special attention.	Circle the letter that most closely describes the *specific nature* of the problem.
1. Slowed rate of learning new things and remembering (functions as if retarded)	
2. Speech proglems	Speech: (a) Delayed (b) Distorted (c) Absent
3. Language problems	Language: (a) Reception (b) Association (c) Expression
4. Visual problems	Visual or Auditory: (a) Acuity problem – acuity of hearing or seeing or sensory-motor sensation
5. Auditory problems	(b) Perceptual problem – hears, sees and/or feels adequately but does not interpret the sensation in a usual manner
6. Behavior problems	Behavior Problems: (a) maladaptive (b) hyperactivity (c) short attention (d) emotional disturbance

7. Lack of early experiences
8. Lack of initiative
9. Other: _____
10. No accompanying problem

(a) poor study habits
(a) Written communication problem

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APPENDIX C

Institute Plan

SCHEDULE OF INSTITUTE ACTIVITIES

Wednesday, March 28, 1973

General Session I: *The Current Scene*
Frances P. Connor

Thursday, March 29, 1973

General Session II: Keynote: *The Right to Education*
I. Ignacy Goldberg

Work Session 1[1]

General Session III: *Competency Evaluation*
June Bigge

Work Session 2

General Session IV: *Cross-Disciplinary Collaboration – A Project for Infants and Young Children*
Frances P. Connor
Margaret H. Jones
John Sieppe

Friday, March 30, 1973

General Session V: *Leadership Training Institute in Action*
Jeanne M. McCarthy

Work Session 3

General Session VI: *The Process of Social Change*
Sandford Reichart
Federal Legislation and Special Education
Elsie D. Helsel

Work Session 4

General Session VII: *Continuing Education – New Roles for Special Education*
Herbert Rusalem

Saturday, March 31, 1973

General Session VIII: *Report on Competency Study*
June Bigge

Work Session 5

General Session IX: *Conclusion and Next Steps*
Frances P. Connor

[1] During the work sessions each task force chairman met with the members of each of the other task force groups. This permitted in-depth discussion of the content of the various task force reports by all of the Tappen Zee conferees. It also allowed for structured feedback designed to strengthen the individual position papers as well as to assure a more cohesive report.